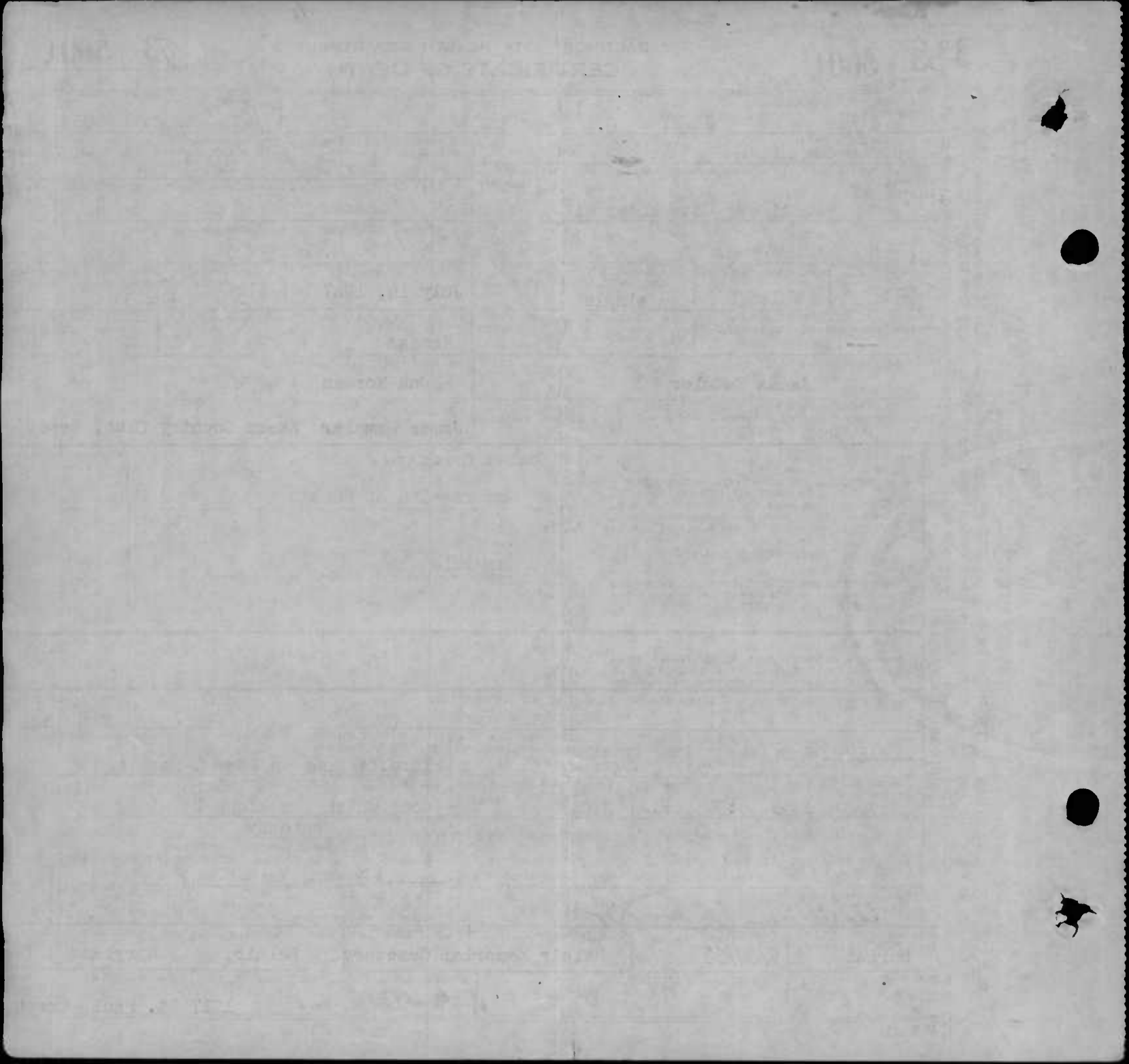


MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. <u>53 5001</u>	
BIRTH NO. <u>53 5001</u> <i>Don Las</i>					
1. NAME OF DECEASED (Type or Print) <u>JERRY G. WAMPLER</u>			2. DATE OF DEATH <u>May 26, 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Baltimore City Hospitals</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <u>Essex</u>		
c. Length of stay in Baltimore Yrs. <u> </u> Mos. <u> </u> Days <u> </u>			D. STREET ADDRESS (If rural, give location) <u>P. O. Box 7775</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>July 14, 1947</u>	9. AGE (In years last birthday) <u>5</u>	10. Under 1 Year Months <u> </u> Days <u> </u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u> </u>			10B. KIND OF BUSINESS OR INDUSTRY <u> </u>		
11. BIRTHPLACE (State or foreign country) <u>Kansas</u>			12. CITIZEN OF WHAT COUNTRY? <u> </u>		
13. FATHER'S NAME <u>James Wampler</u>			14. MOTHER'S MAIDEN NAME <u>Edna Norman</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u> </u>			16. SOCIAL SECURITY NO. <u> </u>		
17. INFORMANT <u>James Wampler, Essex Country Club, Essex</u>			ADDRESS <u> </u>		
18. <u>E910.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Compression of chest</u> (A) <u> </u> <u>SOXYS</u>				INTERVAL BETWEEN ONSET AND DEATH <u> </u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <u>Asphyxia</u> DUE TO (C) <u> </u>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u> </u>					
19A. DATE OF OPERATION <u> </u>		19B. MAJOR FINDINGS OF OPERATION <u> </u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home (outside)</u>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>Yard of home in Essex, Maryland</u>	
21D. TIME (Month) (Day) (Year) (Hour) <u>May 26, 1953 5:30 P.m.</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>Struck by cellar door which was blown by wind</u>	
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE <u>William H. Cook</u>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <u>May 27, 1953</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24B. DATE <u>5/30/53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Belair Memorial Cemetery</u>	
24D. LOCATION (City, town, or county) <u>Belair, Maryland</u>		24E. FUNERAL DIRECTOR <u>Wm. Cook, Inc.</u>		24F. ADDRESS <u>1217 St. Paul Street</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>May 28 1953</u>		REGISTRAR'S SIGNATURE <u> </u>		25. FUNERAL DIRECTOR ADDRESS <u> </u>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 5002
Registered No.

1. NAME OF DECEASED
(Type or Print)

William H. Anderson

2. DATE OF DEATH
May 25, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION
(If not in hospital or institution, give street address or location)

528 St. Mary St.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
528 St. Mary St.

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 6, 1880

9. AGE (In years last birthday)

73

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

William H. Anderson

14. MOTHER'S MAIDEN NAME

Father Woodland

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Olivia E. Anderson

ADDRESS 528 St. Mary St.

18. 444X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac renal complications with hypertension

INTERVAL BETWEEN ONSET AND DEATH

March 6, 1953 to May 25, 1953

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1953 to May 25, 1953 that I last saw the deceased alive on May 24, 1953, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. B. Stewart

23B. ADDRESS

6324 Yorkmont

23C. DATE SIGNED

May 29, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-29-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston

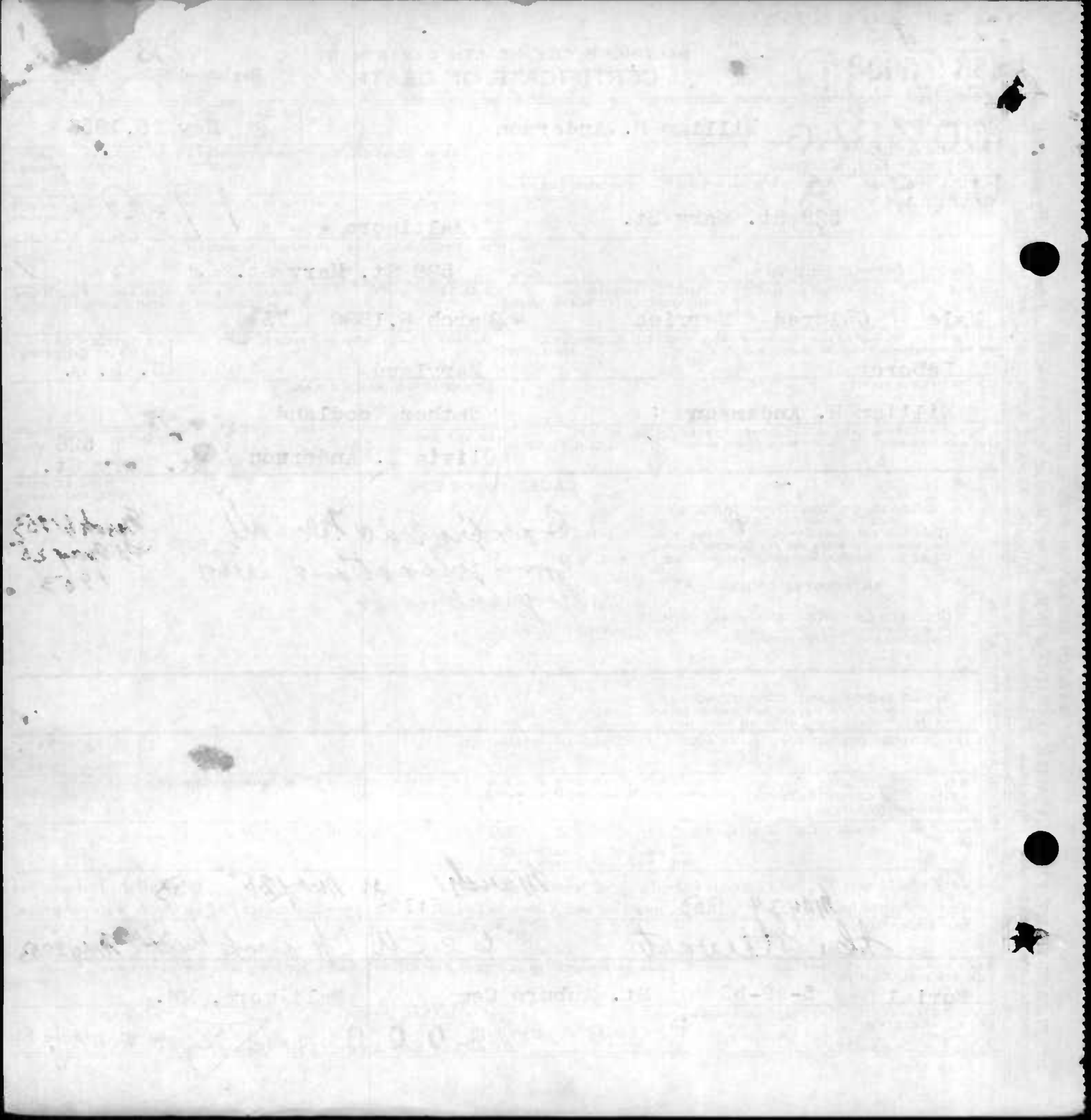
25. FUNERAL DIRECTOR

ADDRESS

W. Biddle St.

MARGIN RESERVED FOR BINDER

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 5003**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Albert Gerbrick

2. DATE
OF
DEATH

May 26, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Baltimore, Maryland**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY

Maryland, 2107 - Annapolis Ave.

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Park Hill Convalescent Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore -

25-43

D. STREET ADDRESS (If rural, give location)

Park Hill Convalescent Home

c. Length of stay in Baltimore

88 years

Yrs.
Mos.
Days

6. SEX

Male

7. COLOR OR RACE

White

8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
widowed

9. DATE OF BIRTH

March 17, 1865

10. AGE (In years last birthday)

88

11. Under 1 Year Months Days

12. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

unknown

10B. KIND OF BUSINESS OR INDUSTRY

unknown

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

No

16. SOCIAL SECURITY NO.

No

17. INFORMANT

ADDRESS

Welfare Department - Mr King's Office

18. **493 X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

6 days

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **March 25, 1953**, to **May 27, 1953**, that I last saw the deceased alive on **May 30, 1953**, and that death occurred at **8:00 a.m.** from the causes and on the date stated above.

23A. SIGNATURE

Dr. P. Johnson

23B. ADDRESS

403 Med Arts Bldg

23C. DATE SIGNED

5/27/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 28, 1953

24C. NAME OF CEMETERY OR CREMATORY

St. Peter's Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston

25. FUNERAL DIRECTOR

ADDRESS

5201 E. Welferton Funeral Home, Inc

UNITED STATES DEPARTMENT OF THE INTERIOR

WASHINGTON, D. C. 20548

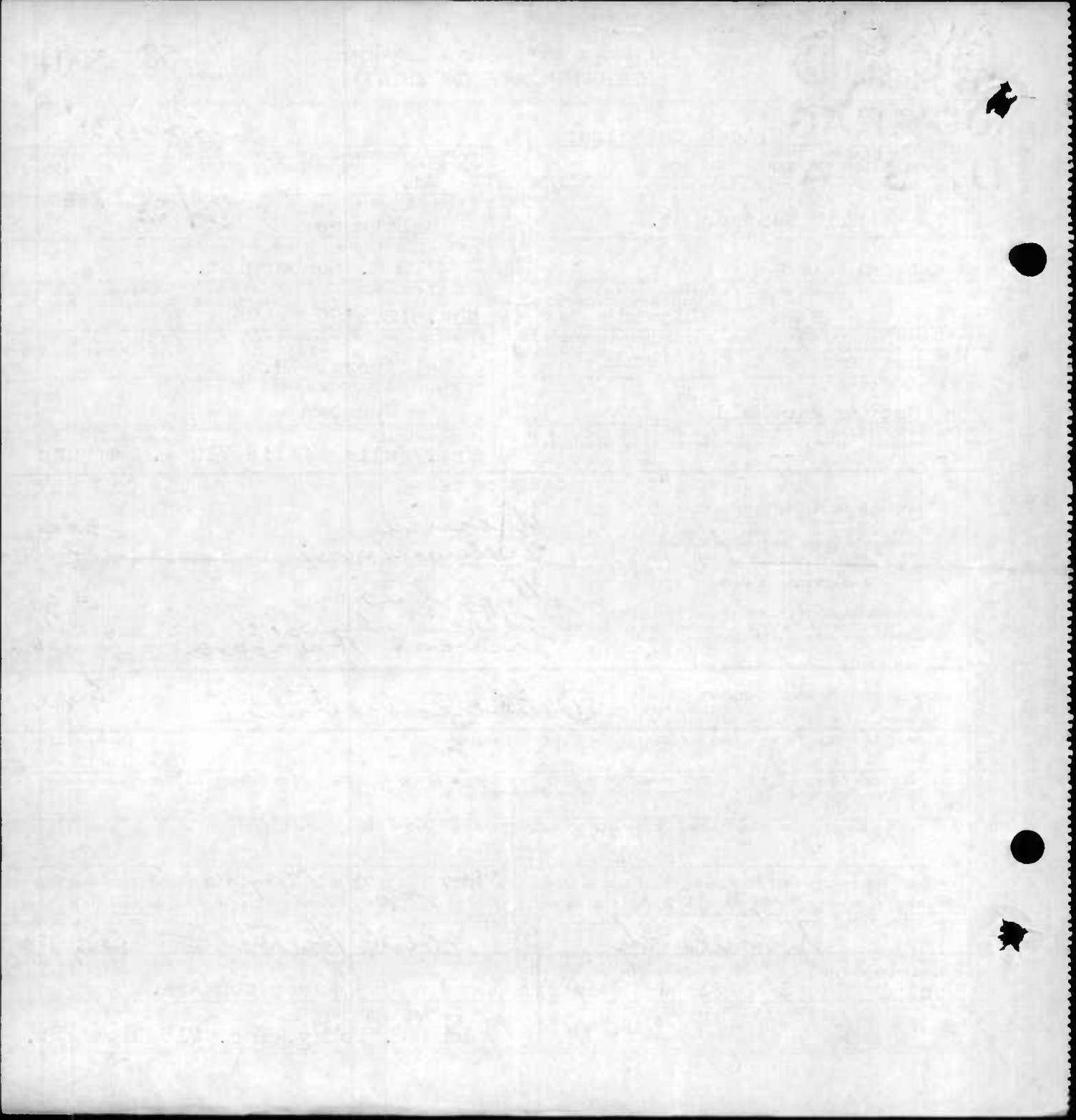
OFFICE OF THE SECRETARY

WASHINGTON, D. C. 20548

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

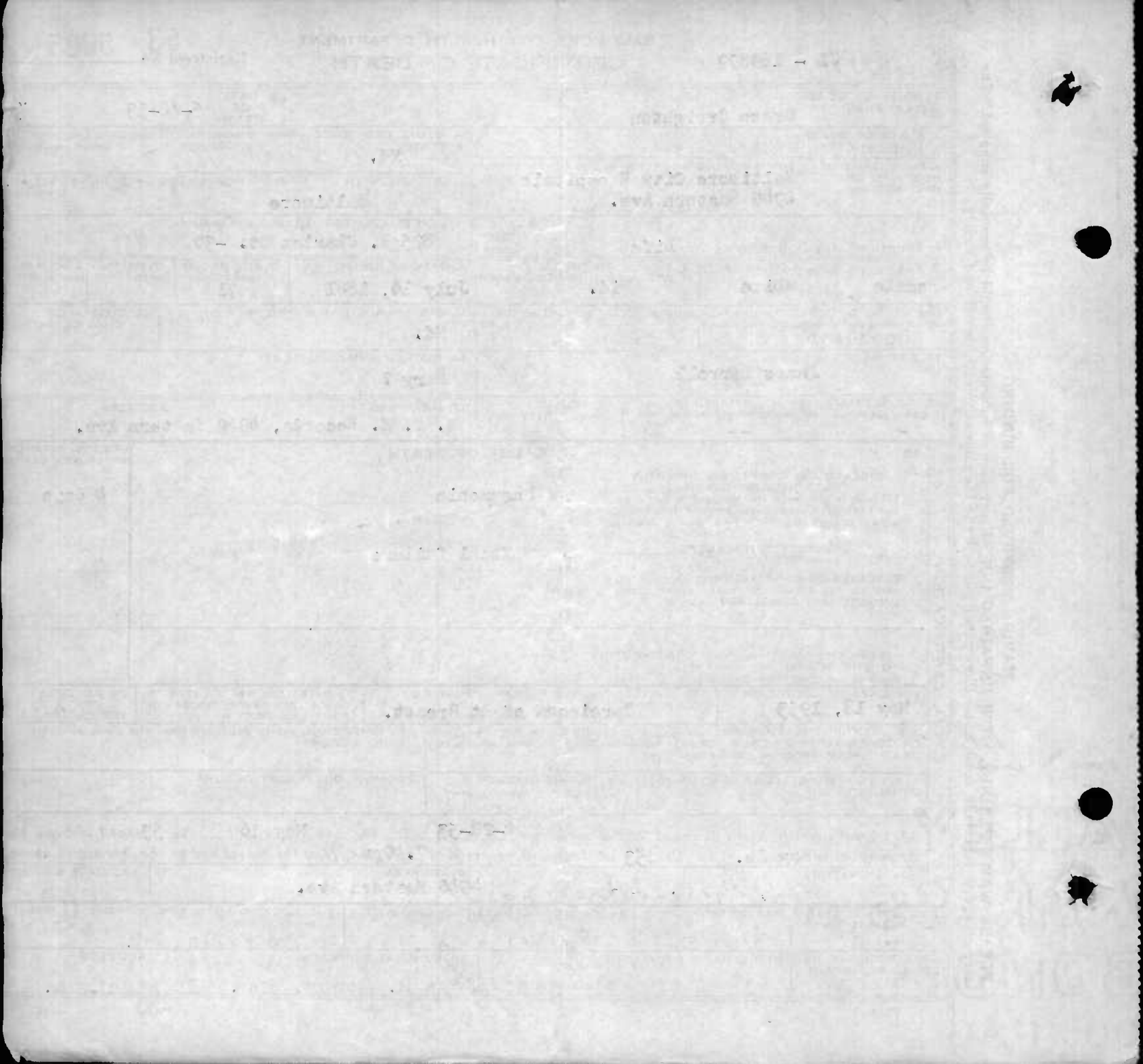
W-560		BALTIMORE CITY HEALTH DEPARTMENT		53 5004	
53 5004		CERTIFICATE OF DEATH		Registered No. 53 5004	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Elizabeth Weiner		5/26/53.	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE			
(If not in hospital or institution, give street address or location)		Md.			
2117 Denison St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
c. Length of stay in Baltimore		Baltimore			
Yrs. Mos. Days		O. STREET ADDRESS (If rural, give location)			
		712 W. Hamburg St.			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10 Under 1 Year Months: Days
F	W	Widowed	Nov. 12, 177	75	Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Housework		Home		Baltimore, Md.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
George Marshall		Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
				Mrs. Julia Willie 712 W. Hamburg	
18. 446x and 260x		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Uremia		3 days	
ANTECEDENT CAUSES		DUE TO Nephrosclerosis		5	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Hypertension		6 yr.	
		DUE TO Arteriosclerosis		2 wk.	
		(C) Cerebral Thrombosis			
II		Diabetes Mellitus		3 yr.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
0				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
		m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from May 1948 to May 26, 1953, that I last saw the deceased alive on May 25, 1953, and that death occurred at 1:00 p.m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
R. Krulczyk M. D.		400 N. Hilton St		5/26/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		5/30/53		Western	
				Edmondson Ave.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
May 28 1953		Huntington		John F. Denny, Inc. 715 Light St.	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				53 5005	
C-623				Registered No. 53 5005	
BIRTH NO. 53 5005 - 169899					
1. NAME OF DECEASED (Type or Print) Grace Creighton			2. DATE OF DEATH 5-26-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 825 S. Charles St. -30		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wid.	8. DATE OF BIRTH July 10, 1881		9. AGE (In years last birthday) 71
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10B. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME James Dorroll		
14. MOTHER'S MAIDEN NAME Mary ?			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) --		
16. SOCIAL SECURITY NO. --			17. INFORMANT ADDRESS B. C. H. Records, 4940 Eastern Ave.		
18. 170x CAUSE OF DEATH					INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Pneumonia					4 days
DUE TO					
ANTECEDENT CAUSES Renal failure					
DUE TO					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION May 18, 1953		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Carcinoma of Rt Breast.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-28-53 , 19__, to May 26 , 19 53 that I last saw the deceased alive May 26 , 19 53 and that death occurred at 7.40pm. , from the causes and on the date stated above.					
23A. SIGNATURE John F. Denny			23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/30/53	24C. NAME OF CEMETERY OR CREMATORY Wye Mills Cem.		24D. LOCATION (City, town, or county) (State) Wye Mills. Md.
DATE RECEIVED BY LOCAL REGISTRAR May 28		REGISTRAR'S SIGNATURE John F. Denny		25. FUNERAL DIRECTOR ADDRESS John F. Denny, Inc. 715 Light St.	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 5006
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

CORA MAY HURLEY

2. DATE
OF
DEATH

May 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Methodist Home for the Aged

D. STREET ADDRESS (If rural, give location)

2211 W. Rogers Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

Aug. 7, 1875

9. AGE (In years last birthday)

77

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Benton

14. MOTHER'S MAIDEN NAME

Margaret Ellen Wiles

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS Ave.

Methodist Home for the Aged-2211 W. Rogers Ave.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) MYOCARDIA INSUFFICIENCY

5 DAYS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ARTERIO SCLEROSIS

104 M.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Oct-1, 1949 to MAY 25, 1953 that I last saw the deceased alive on MAY 25, 1953, and that death occurred at 2:45 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
J- 21/ 53

24C. NAME OF CEMETERY OR CREMATORY
Mt. Olivet Cem.

24D. LOCATION (City, town, or county) (State)
Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 28 1953

Thurston 5/30/53

Edmond J. Vickers & Sons

Balto. 17, Md.

CITY OF CHICAGO
DEPARTMENT OF HEALTH
OFFICE OF THE CITY CLERK

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5007

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Clarence Hill

2. DATE OF DEATH May 26, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 10-00

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

933 Wilmoth Court

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

August 1887

9. AGE (In years last birthday)

65

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Baker

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Leo Hill

14. MOTHER'S MAIDEN NAME

Sally Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 470.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarction

Acute

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Cardiovascular Disease - Years

DUE TO

(C) Gangrene Right Foot

Months

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

May 26, 1953

19B. MAJOR FINDINGS OF OPERATION

Gangrene Right Foot

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from May 20, 1953 to May 26, 1953, that I last saw the deceased alive on May 26, 1953, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

C. Thomas

M. D.

23B. ADDRESS

Mercy Hosp.

23C. DATE SIGNED

5-26-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 29, 1953

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

E North Ave Cts

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

H. L. S. S. S. S.

ADDRESS

1703 N. Patterson Park Ave

DECLARATION OF DEATH
FEDERAL BUREAU OF INVESTIGATION

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

DECEASED'S NAME

DECEASED'S ADDRESS

DECEASED'S OCCUPATION

DECEASED'S AGE

DECEASED'S SEX

DECEASED'S RACE

DECEASED'S RELIGION

DECEASED'S MARITAL STATUS

DECEASED'S EDUCATION

DECEASED'S EMPLOYMENT

DECEASED'S SOCIAL SECURITY NUMBER

DECEASED'S DATE OF BIRTH

DECEASED'S PLACE OF BIRTH

DECEASED'S DATE OF ENTRY INTO THE U.S.

DECEASED'S DATE OF DEPARTURE FROM THE U.S.

DECEASED'S DATE OF RETURN TO THE U.S.

DECEASED'S DATE OF RE-ENTRY TO THE U.S.

DECEASED'S DATE OF DEPARTURE FROM THE U.S.

DECEASED'S DATE OF RETURN TO THE U.S.

DECEASED'S DATE OF RE-ENTRY TO THE U.S.

DECEASED'S DATE OF DEPARTURE FROM THE U.S.

DECEASED'S DATE OF RETURN TO THE U.S.

DECEASED'S DATE OF RE-ENTRY TO THE U.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct address is especially important. Physicians: please write the causes of death clearly and legibly.

JORIO
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5008

53 5008
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Frank A. Jorio</u>		2. DATE OF DEATH <u>May 26th 1953</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>2422 E. Lanvale St.</u>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>md</u> B. COUNTY <u>8-03</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>—</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto.</u>	
c. Length of stay in Baltimore <u>50 Yrs</u>		D. STREET ADDRESS (If rural, give location) <u>2422 E. Lanvale St.</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 8th 1873</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Second Room Court House</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>—</u>	9. AGE (in years last birthday) <u>79</u>
13. FATHER'S NAME <u>Anthony Jorio</u>		11. BIRTHPLACE (State or foreign country) <u>Italy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <u>—</u>	
16. SOCIAL SECURITY NO. <u>—</u>		14. MOTHER'S MAIDEN NAME <u>Leatherine Dimondi</u>	
17. INFORMANT <u>Joseph Jorio</u>		ADDRESS <u>2422 E. Lanvale St.</u>	
18. <u>420.1</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Coronary Thrombosis</u> CAUSE OF DEATH (A) <u>Coronary Thrombosis</u> DUE TO (B) <u>—</u> DUE TO (C) <u>—</u> INTERVAL BETWEEN ONSET AND DEATH <u>—</u>			
19. DATE OF OPERATION <u>—</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>			
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>—</u>			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>—</u>			
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21F. HOW DID INJURY OCCUR? <u>—</u>			
22. I hereby certify that I attended the deceased from <u>Jan 10</u> , 19 <u>51</u> , to <u>May 26</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>May 26</u> , 19 <u>53</u> , and that death occurred at <u>11^{PM}</u> , from the causes and on the date stated above.			
23A. SIGNATURE <u>Albert Scymeth</u>		23B. ADDRESS <u>1729 W. Lombard St.</u>	
23C. DATE SIGNED <u>5/27/53</u>		23D. SIGNATURE <u>—</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>May 30th 1953</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Holy Redeemer</u>		24D. LOCATION (City, town, or county) (State) <u>Belair Road</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>May 28 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington</u>	
25. FUNERAL DIRECTOR <u>—</u>		ADDRESS <u>—</u>	

Mr Scagnetti 1729 W. Lombard St

MARGIN RESERVED FOR BINDING Dr. Anthony F. Carrozza
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5009

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANCES B. WERNIG

2. DATE
OF
DEATH May 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY
none

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

725 Glenwood Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

725 Glenwood Ave.

C. Length of stay in Baltimore

life Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

May 3, 1885

9. AGE (In years
last birthday)

68

If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?
U. S.

13. FATHER'S NAME

David G. Butterfield

14. MOTHER'S MAIDEN NAME

Carrie M.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL
SECURITY NO.

17. INFORMANT

John C. Carroll

ADDRESS

Belfast Rd., Sparks, Md.

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CORONARY Occlusion

DUE TO

5 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Angina Pectoris

DUE TO

3 yrs.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

22. I hereby certify that I attended the deceased from 5-5, 1953 to 5-27, 1953, that I last saw the deceased alive on 5-27, 1953, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Anthony F. Carrozza

5217 York Road

5-28-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

5-30-53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 28 1953

Huntington Williams, M.D.

John C. Mitchell & Sons, Inc. - 1900 Eutaw Place

MA B Mitchell

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

STATE OF CALIFORNIA

HONORABLE JUDGE OF THE SUPERIOR COURT

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 5010**
5010

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret E. Mattheiss

2. DATE
OF
DEATH

May 27, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

MARYLAND

B. COUNTY

25-04

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

South Baltimore Gen. Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

3206 FIFTH ST.

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct. 23, 1879

9. AGE (In years last birthday)

73

10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

GERMANY

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Julius Thiele

14. MOTHER'S MAIDEN NAME

Augusta Kind

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Louis MATTHEISS 2547 W. Fayette

18. *420.0*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) *Coronary occlusion*

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

9 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Arteriosclerotic Heart Disease, decompensated.*

DUE TO

years

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

*Chronic Cholecystitis
Chemia sec to Chronic Nephritis*

months

months

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *May 12, 1953*, to *May 27, 1953*, that I last saw the deceased alive on *May 27, 1953*, and that death occurred at *5:10 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

W. H. Bouway

23B. ADDRESS

South Baltimore Gen. Hosp.

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

May 29, 1953

24C. NAME OF CEMETERY OR CREMATORY

WOODLAWN CEM.

24D. LOCATION (City, town, or county)

BALTIMORE Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR

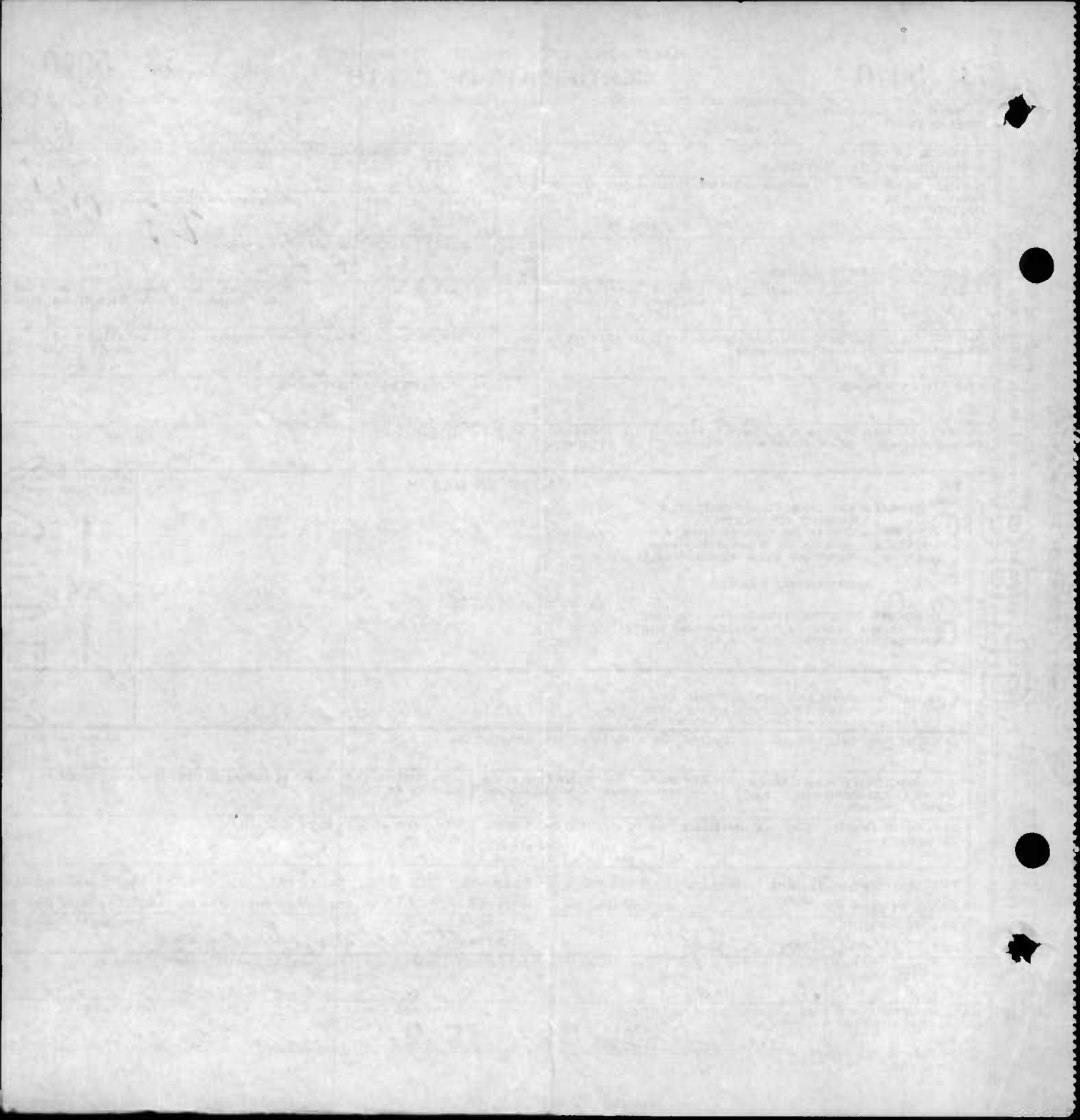
REGISTRAR'S SIGNATURE

Huntington E. J. Gance

25. FUNERAL DIRECTOR

ADDRESS

6601 Ritchie Hwy



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 5011 G-125

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

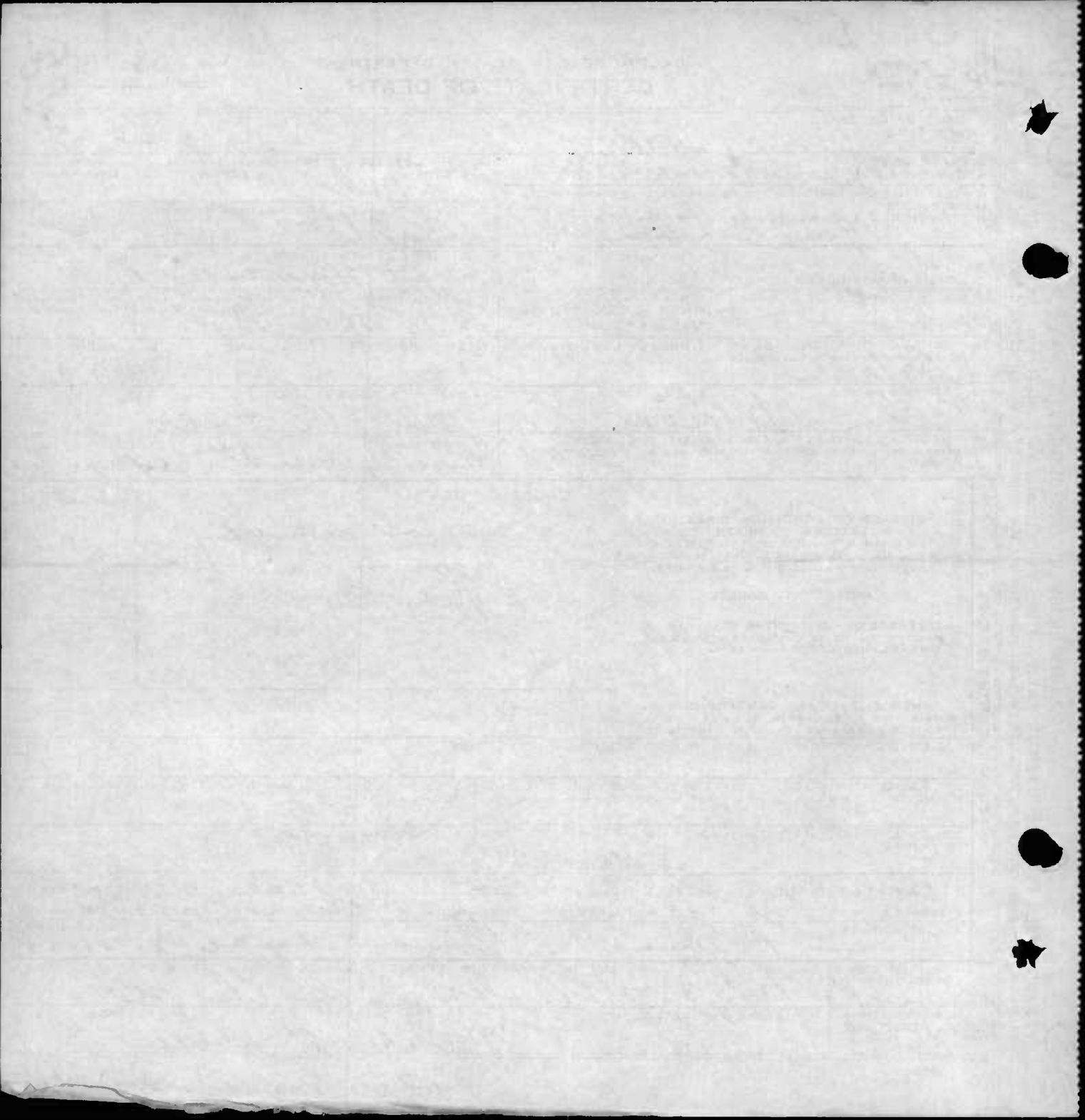
53 5011
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GIBSON, LUTHER		2. DATE OF DEATH 5-28-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland Providence Hosp.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Providence Hospital + Free Dispensary		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 16-02	
c. Length of stay in Baltimore ? Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1424 Hope well et.	
5. SEX male	6. COLOR OR RACE ed	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 10/18/10
10A. USUAL OCCUPATION (Give kind of work done during the most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 42 yr.
13. FATHER'S NAME John Gibson		14. MOTHER'S MAIDEN NAME Mary Cooper	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. -	
17. INFORMANT Dorothy Gibson (wife) ADDRESS 1424 Hope well		11. BIRTHPLACE (State or foreign country) Va	
12. CITIZEN OF WHAT COUNTRY? USA			

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) causal Hemorrhage (A) DUE TO	CAUSE OF DEATH hypertension (B) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-27 , 19 53 to 5-28 , 19 53 , that I last saw the deceased alive on 5-28 , 19 53 , and that death occurred at 1:45 AM , from the causes and on the date stated above.					
23A. SIGNATURE Ignacio T. Garcia M. D.		23B. ADDRESS Providence Hospital		23C. DATE SIGNED 5-28-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/31/53		24C. NAME OF CEMETERY OR CREMATORY mt Auburn	
24D. LOCATION (City, town, or county) Balto Md		24E. LOCATION (State) Md			
DATE RECEIVED BY LOCAL REGISTRAR 5/28/53		REGISTRAR'S SIGNATURE George H. Nelson		25. FUNERAL DIRECTOR ADDRESS 1303 Pressman St	



53

5012

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5012

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Daniel Dixon

2. DATE
OF
DEATH

May 26, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Isler 2

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1548 N. Woodyard St.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10/25/95

9. AGE (In years last birthday)

57

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Baker

10B. KIND OF BUSINESS OR INDUSTRY

Rices

11. BIRTHPLACE (State or foreign country)

Balto. Md

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Chas. Dixon

14. MOTHER'S MAIDEN NAME

Alice

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

7

16. SOCIAL SECURITY NO.

216-01-3379

17. INFORMATION

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

442X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Uremia

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertensive cardiovascular

DUE TO

renal disease.

(C)

years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (if in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-20 1953, to 5-26 1953, that I last saw the deceased alive on 5-26 1953, and that death occurred at 7:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Carl M. Johnson

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

5/27/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/30/53

24C. NAME OF CEMETERY OR CREMATORY

St. Peters

24D. LOCATION (City, town, or county)

Balto. Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington 5/30/53

5/30/53

5/30/53

5/30/53

5/30/53

5/30/53

5/30/53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1871
M. W. ...
...

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Scott, Ellen Mae

2. DATE
OF
DEATH

5-28-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Maryland General Hosp

C. Length of stay in Baltimore

65

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

9-16-89

9. AGE (in years last birthday)

65

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

novelty worker

10B. KIND OF BUSINESS OR INDUSTRY

NOVELTIES

13. FATHER'S NAME

Oliver Wardell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no or unknown) (If yes, give war or dates of service)

No

NONE

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Miss Rosa Shawker 1431 Washington Blvd.

18. *443X and 260X*

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Hypertension - I

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertensive cardiovascular disease and decompensation

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Virus pneumonia

Diabetes mellitus

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *5-23*, 19*53*, to *5-28*, 19*53*, that I last saw the deceased alive on *5-26*, 19*53*, and that death occurred at *1:38* m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

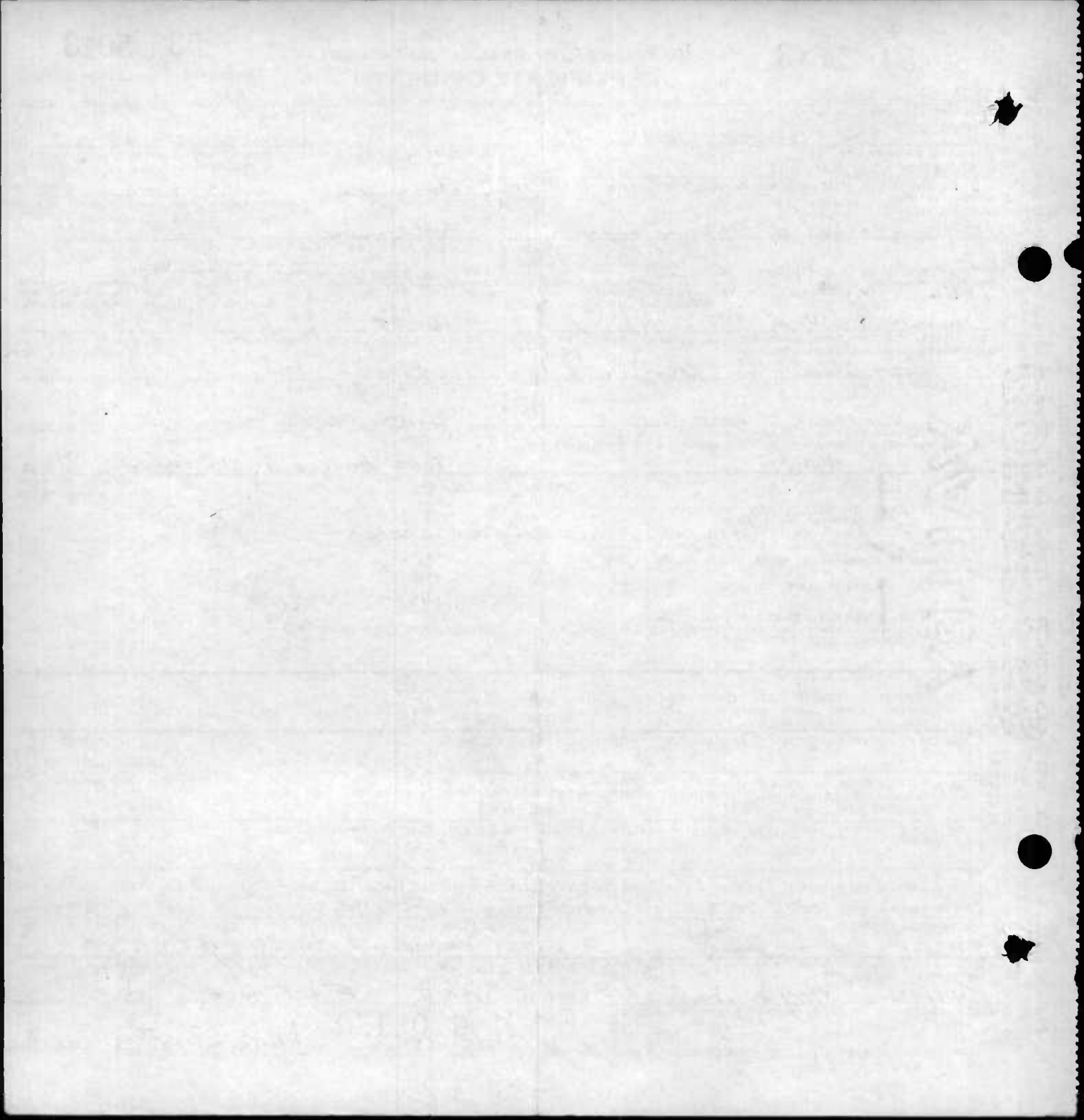
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



5-320
53 5014BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5014
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)MARGARET M. STAAS
Staas, Margaret2. DATE
OF
DEATH May 26, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

26-07

D. STREET ADDRESS (If rural, give location)

4821 Eastern Avenue

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)

St. Joseph's

Yrs.
Mos.
Days

c. Length of stay in Baltimore

LIFE

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

JUNE 23, 1887

9. AGE (In years
last birthday)

65

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Hrfe.

10B. KIND OF BUSINESS OR
INDUSTRY

Own home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

ELMER Smith

14. MOTHER'S MAIDEN NAME

LILLY McCARDAL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.
(If yes, give war or dates of service)

NONE

215-05-7930B

17. INFORMANT

ADDRESS

STACIA ROETTGER 3503 ELMLEY AVE

18.

443X

I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral hemorrhage

DUE TO

ANTECEDENT CAUSES

(B)

Hypertensive cardiovascular disease

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 22, 1953 to May 26, 1953, that I last saw the
deceased alive on May 26, 1953, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Records I have

M. D.

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

May 26, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

5-29-53

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE NATIONAL

24D. LOCATION (City, town, or county) (State)

BALTIMORE, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

George L. Schwab 2001 Frederick Ave

1014

1015

FEDERAL BUREAU OF INVESTIGATION

DEPARTMENT OF JUSTICE

1016

1017

1018

1019

FEDERAL BUREAU OF INVESTIGATION

DEPARTMENT OF JUSTICE

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1021

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FEDERAL BUREAU OF INVESTIGATION

DEPARTMENT OF JUSTICE

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FEDERAL BUREAU OF INVESTIGATION

DEPARTMENT OF JUSTICE

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FEDERAL BUREAU OF INVESTIGATION

DEPARTMENT OF JUSTICE

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FEDERAL BUREAU OF INVESTIGATION

DEPARTMENT OF JUSTICE

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FEDERAL BUREAU OF INVESTIGATION

DEPARTMENT OF JUSTICE

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FEDERAL BUREAU OF INVESTIGATION

DEPARTMENT OF JUSTICE

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FEDERAL BUREAU OF INVESTIGATION

DEPARTMENT OF JUSTICE

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FEDERAL BUREAU OF INVESTIGATION

DEPARTMENT OF JUSTICE

1052

1053

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

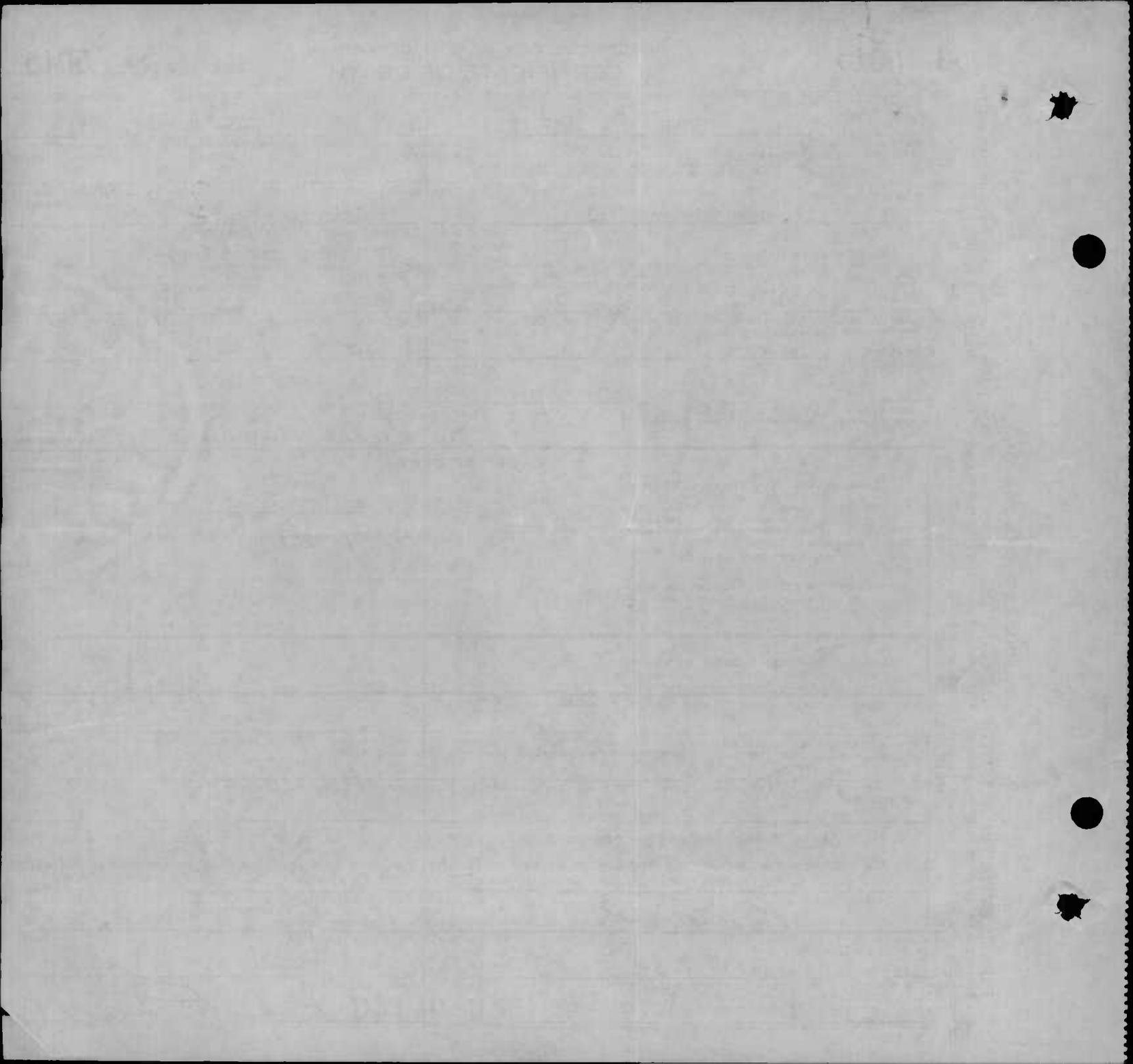
R-120
53 5015

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5015

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		JOHN F. RYBICKI		May 28, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE B. COUNTY			
St. Joseph's Hospital		Maryland			
C. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
Yrs. Mos. Days		Baltimore			
		D. STREET ADDRESS (If rural, give location)			
		2710 Bauernwood Road			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
Male	White	Widowed	July 18-1890	62	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
Tavern Owner			Baltimore - Md.		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
?			?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS
					Mr. Richard Kowaleski - Bauernwood 2710
18. 422.1		CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		(A) Arteriosclerotic cardiovascular disease			
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		DUE TO			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C)			
II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED	
R. J. Fisher		M.D.		May 28, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county)	(State)	
Burial	June 1-1953	ST STANISLAUS	BALTO	Md	
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR		ADDRESS	
May 28 1953	Therese E. S. O'Connell	L. J. Ruck		5305 Maryland Rd	
VS 151					

2906M



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-620
53 5016

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5016

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Samuel D. Price		2. DATE OF DEATH May 27, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION Hillcrest Nursing Home 212 Stoney Run Lane		6. CITY OR TOWN Baltimore	
7. Length of stay in Baltimore 30 years		8. STREET ADDRESS (If rural, give location) 3650 Keswick Road	
9. SEX Male	10. COLOR OR RACE White	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	12. DATE OF BIRTH Jan. 4, 1882
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		14. AGE (In years last birthday) 71	
15. KIND OF BUSINESS OR INDUSTRY		16. BIRTHPLACE (State or foreign country) Pennsylvania	
17. FATHER'S NAME William Henry Price		18. CITIZEN OF WHAT COUNTRY? U S A	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		20. SOCIAL SECURITY NO. 213-05-0444	
21. MOTHER'S MAIDEN NAME Elizabeth Knapp		22. INFORMANT ADDRESS Enos H. Price 3609 Malden Avenue	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardio-renal hypertensive Disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 9 days
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		20B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		20D. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from May 18, 1953, to May 27, 1953, that I last saw the deceased alive on May 27, 1953, and that death occurred at 1.05 A. M., from the causes and on the date stated above.	
23A. SIGNATURE J. H. McLean		23B. ADDRESS 617 W. 40th St.	
23C. DATE SIGNED May 28, 1953		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE May 29, 1953		24C. NAME OF CEMETERY OR CREMATORY St. Mary's (Hampden)	
24D. LOCATION (City, town, or county) Baltimore, Maryland		25. FUNERAL DIRECTOR ADDRESS Burgee Funeral Home 3631 Falls Road	
DATE RECEIVED BY LOCAL REGISTRAR May 28, 1953		REGISTRAR'S SIGNATURE Huntington Williams	
VS 150		97099 Norace F. Burgee	

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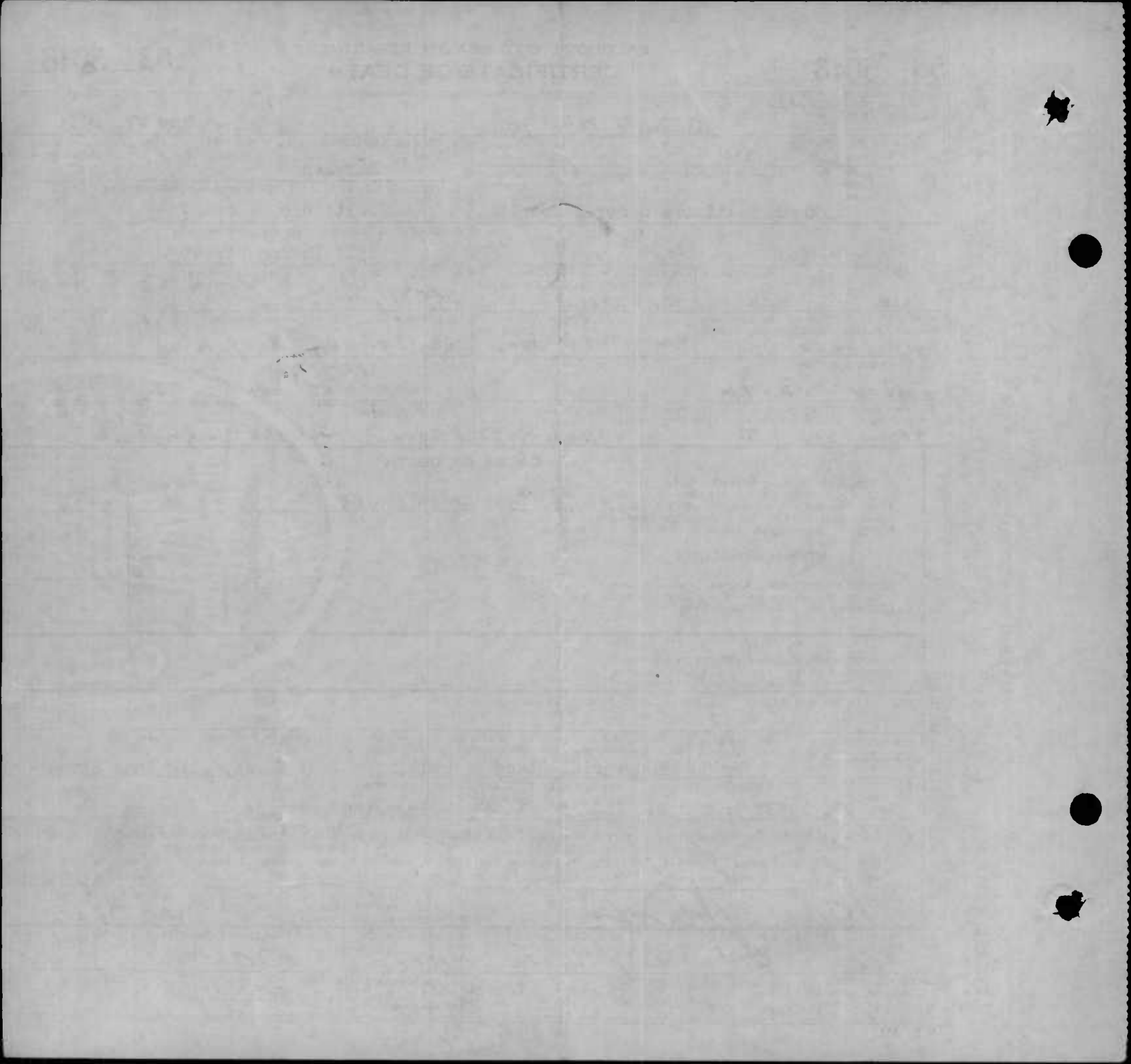
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

N-614 BY MEDICAL EXAMINER				BALTIMORE CITY HEALTH DEPARTMENT		53 5017	
BIRTH NO.				Registered No.			
1. NAME OF DECEASED (Type or Print) <u>Norfolk, Emma Elizabeth</u>				2. DATE OF DEATH <u>May 27, 1953</u>			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>			
c. Length of stay in Baltimore Yrs. <u>0</u> Mos. <u>0</u> Days <u>0</u>				D. STREET ADDRESS (If rural, give location) <u>1458 Williams Street</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9-24-63</u>		9. AGE (In years last birthday) <u>89</u>	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13. FATHER'S NAME <u>Thomas Richardson</u>				14. MOTHER'S MAIDEN NAME <u>U.S.</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <u>Family - Same</u>			
18. <u>E 903.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <u>Fracture, right femur</u> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <u>CERTIFICATION APPROVED BY</u> <u>R. Fisher M.D.</u> GROUP OF ASST. MEDICAL EXAMINER (C) <u>Hypostatic pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION <u>March 9, 1953</u>				19B. MAJOR FINDINGS OF OPERATION <u>Own home</u>			
21A. ACCIDENT WAS UNDER- LAYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Own home</u>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>1458 Williams Street</u>			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>March 9, 1953 10:00am.</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>Fell in the yard</u>			
22. I hereby certify that I attended the deceased from <u>March 10</u> , 19 <u>53</u> , to <u>May 27</u> , 19 <u>53</u> that I last saw the deceased alive on <u>May 27</u> , 19 <u>53</u> , and that death occurred at <u>4:30 am.</u> , from the causes and on the date stated above.							
23A. SIGNATURE <u>Thomas Richardson</u>				23B. ADDRESS <u>1400 N. Caroline Street</u>		23C. DATE SIGNED <u>May 27, 1953</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>B.</u>		24B. DATE <u>5-30-53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Trinity Cemetery</u>		24D. LOCATION (City, town, or county) (State) <u>Baltimore</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 28</u>		REGISTRAR'S SIGNATURE <u>Thomas Richardson</u>		25. FUNERAL DIRECTOR <u>30 E. Fort Ave.</u>		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 53 5018	
BIRTH NO. R-300					
1. NAME OF DECEASED (Type or Print) WILLIAM H. ROTH			2. DATE OF DEATH May 27, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION South Baltimore General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) 1314 Towson Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED.	8. DATE OF BIRTH DEC. 11, 1918	9. AGE (in years last birthday) 34	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TOOL MAKER.			10B. KIND OF BUSINESS OR INDUSTRY BALTO. TOOL WORKS.		
11. BIRTHPLACE (State or foreign country) BALTIMORE, MARYLAND			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME JOSEPH ROTH			14. MOTHER'S MAIDEN NAME MINNIE KREILING		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES W.W. II			16. SOCIAL SECURITY NO. 255-11-9577		
17. INFORMANT ISABEL E. ROTH			ADDRESS 306 RIVERVIEW RD.		
18. E971.8 CAUSE OF DEATH					INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cyanide poisoning					
ANTECEDENT CAUSES (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION May 27, 1953		19B. MAJOR FINDINGS OF OPERATION Industrial place		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. Industrial place		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Industrial place		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Baltimore Tool Works, 1110 Race Street	
21D. TIME (Month) (Day) (Year) (Hour) May 27, 1953 9:00 A.M.		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Ingested overdose of cyanide	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William H. Roth		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED May 27, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) B.		24B. DATE 6.1.53.		24C. NAME OF CEMETERY OR CREMATORY BALTO. NAT.	
24D. LOCATION (City, town, or county) (State) BALTO.		24E. FUNERAL DIRECTOR James H. Curry		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR MAY 28 1953		REGISTRAR'S SIGNATURE James H. Curry		ADDRESS	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5019
Registered No.

BIRTH NO. 53 5019

1. NAME OF DECEASED
(Type or Print)

Sarah Marcus

2. DATE
OF
DEATH

5-28-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland Ark - Anne Arundel

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Annapolis

D. STREET ADDRESS (If rural, give location)

15 Francis

c. Length of stay in Baltimore

5. SEX
F6. COLOR OR RACE
W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
M.8. DATE OF BIRTH
Sept 18-19039. AGE (In years last birthday)
4910. Under 1 Year 11. Under 24 Hours
Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Home wife

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Isaac Shapiro

14. MOTHER'S MAIDEN NAME

Fannie Friedman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Edward Marcus Annapolis Md

18.

585X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) Intra-abdominal bleeding @ 26 hrs.
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Post-operative cholecystectomy
DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

5-27-53

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

cholecystitis
gastro pressure

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-24, 1953, to 5-28, 1953, that I last saw the deceased alive on 5-24, 1953, and that death occurred at 12:30 pm., from the causes and on the date stated above.

23A. SIGNATURE

G. Hammen

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

5-28-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

May 29/53

24C. NAME OF CEMETERY OR CREMATORY

Kenneth Israel

24D. LOCATION (City, town, or county)

New Annapolis Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William J. Williams, Jr.

25. FUNERAL DIRECTOR

Dr. L. H. Hopping

ADDRESS

Annapolis

Not supplied in sample
and also in sample

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct information is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 5020**
53 5020

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

White, Wesley

2. DATE
OF
DEATH

5/28-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Annie Arundel

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Franklin Square Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Glen Burnie

D. STREET ADDRESS (If rural, give location)

19 Ferndale av. 5200

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 4, 1888

9. AGE (In years last birthday)

64

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist

10B. KIND OF BUSINESS OR INDUSTRY

U.S. Coast Guard

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

David

14. MOTHER'S MAIDEN NAME

Julia Tadd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Thelma Wain. 19 Ferndale av. Glen Burnie

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebrovascular accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hyp. c. v. disease

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 5/16, 1953, to 5/28, 1953 that I last saw the deceased alive on 5/28, 1953, and that death occurred at 10:21m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Delmar

M.O.

23B. ADDRESS

Ferndale Sq. Hospital

23C. DATE SIGNED

5/28/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/30/53

24C. NAME OF CEMETERY OR CREMATORY

Magothy Church

24D. LOCATION (City, town, or county)

Jacobsville, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

JOHN F. DENNY, INC. 715 Light St.

1. NAME OF LAND ACQUISITION PROJECT		2. LOCATION OF PROJECT	
3. PURPOSE OF PROJECT		4. DATE OF PROJECT	
5. NAME OF PROJECT MANAGER		6. NAME OF PROJECT COORDINATOR	
7. NAME OF PROJECT ASSISTANT		8. NAME OF PROJECT SUPERVISOR	
9. NAME OF PROJECT CHIEF		10. NAME OF PROJECT DIRECTOR	
11. NAME OF PROJECT OFFICE		12. NAME OF PROJECT FIELD OFFICE	
13. NAME OF PROJECT FIELD STATION		14. NAME OF PROJECT FIELD STATION	
15. NAME OF PROJECT FIELD STATION		16. NAME OF PROJECT FIELD STATION	
17. NAME OF PROJECT FIELD STATION		18. NAME OF PROJECT FIELD STATION	
19. NAME OF PROJECT FIELD STATION		20. NAME OF PROJECT FIELD STATION	
21. NAME OF PROJECT FIELD STATION		22. NAME OF PROJECT FIELD STATION	
23. NAME OF PROJECT FIELD STATION		24. NAME OF PROJECT FIELD STATION	
25. NAME OF PROJECT FIELD STATION		26. NAME OF PROJECT FIELD STATION	
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39. NAME OF PROJECT FIELD STATION		40. NAME OF PROJECT FIELD STATION	
41. NAME OF PROJECT FIELD STATION		42. NAME OF PROJECT FIELD STATION	
43. NAME OF PROJECT FIELD STATION		44. NAME OF PROJECT FIELD STATION	
45. NAME OF PROJECT FIELD STATION		46. NAME OF PROJECT FIELD STATION	
47. NAME OF PROJECT FIELD STATION		48. NAME OF PROJECT FIELD STATION	
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51. NAME OF PROJECT FIELD STATION		52. NAME OF PROJECT FIELD STATION	
53. NAME OF PROJECT FIELD STATION		54. NAME OF PROJECT FIELD STATION	
55. NAME OF PROJECT FIELD STATION		56. NAME OF PROJECT FIELD STATION	
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59. NAME OF PROJECT FIELD STATION		60. NAME OF PROJECT FIELD STATION	
61. NAME OF PROJECT FIELD STATION		62. NAME OF PROJECT FIELD STATION	
63. NAME OF PROJECT FIELD STATION		64. NAME OF PROJECT FIELD STATION	
65. NAME OF PROJECT FIELD STATION		66. NAME OF PROJECT FIELD STATION	
67. NAME OF PROJECT FIELD STATION		68. NAME OF PROJECT FIELD STATION	
69. NAME OF PROJECT FIELD STATION		70. NAME OF PROJECT FIELD STATION	
71. NAME OF PROJECT FIELD STATION		72. NAME OF PROJECT FIELD STATION	
73. NAME OF PROJECT FIELD STATION		74. NAME OF PROJECT FIELD STATION	
75. NAME OF PROJECT FIELD STATION		76. NAME OF PROJECT FIELD STATION	
77. NAME OF PROJECT FIELD STATION		78. NAME OF PROJECT FIELD STATION	
79. NAME OF PROJECT FIELD STATION		80. NAME OF PROJECT FIELD STATION	
81. NAME OF PROJECT FIELD STATION		82. NAME OF PROJECT FIELD STATION	
83. NAME OF PROJECT FIELD STATION		84. NAME OF PROJECT FIELD STATION	
85. NAME OF PROJECT FIELD STATION		86. NAME OF PROJECT FIELD STATION	
87. NAME OF PROJECT FIELD STATION		88. NAME OF PROJECT FIELD STATION	
89. NAME OF PROJECT FIELD STATION		90. NAME OF PROJECT FIELD STATION	
91. NAME OF PROJECT FIELD STATION		92. NAME OF PROJECT FIELD STATION	
93. NAME OF PROJECT FIELD STATION		94. NAME OF PROJECT FIELD STATION	
95. NAME OF PROJECT FIELD STATION		96. NAME OF PROJECT FIELD STATION	
97. NAME OF PROJECT FIELD STATION		98. NAME OF PROJECT FIELD STATION	
99. NAME OF PROJECT FIELD STATION		100. NAME OF PROJECT FIELD STATION	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 5021
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) RACHEL FRIEDLANDER		2. DATE OF DEATH 5-28-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3814 Park Heights One		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-12	
c. Length of stay in Baltimore 67 yrs		D. STREET ADDRESS (If rural, give location) 3814 Park Heights One	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 1863
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY none	9. AGE (In years last birthday) 90
11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Salomon Hurwitz		14. MOTHER'S MAIDEN NAME Gettel Mandelstajn	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Jack Friedlander - 3814 Park		ADDRESS Heights One	

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cornary Thrombosis Arteriosclerosis Arteriosclerotic Heart Disease	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH 15 minutes ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 5-27-53		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1927 to 5-28-1953 that I last saw the deceased alive on 5-27-1953 and that death occurred at 11:30 P.M. from the causes and on the date stated above.					
23A. SIGNATURE R. A. Friedman		23B. ADDRESS 1109 N. Calvert St		23C. DATE SIGNED 5-28-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/29/53		24C. NAME OF CEMETERY OR CREMATORY Beth Hamedash Hagel	
24D. LOCATION (City, town, or county) (State) Bethesda, Md.		25. FUNERAL DIRECTOR Sol. Gerson & Bros - 1124-26 W North Ave.			
DATE RECEIVED BY LOCAL REGISTRAR MAY 29 1953		REGISTRAR'S SIGNATURE Huntington			

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1001

8

RECEIVED
OFFICE OF THE
ATTORNEY GENERAL



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 5022
Registered No.

53 5022 53-11816
BIRTH NO.

1. NAME OF DECEASED (Type or Print) DIANA LYNN TITUS		2. DATE OF DEATH 5-28-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY 20-04	
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 23	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2263 W. BALTIMORE ST	
5. SEX FEMALE	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 5-26-53
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Months Days 1 16 15
11. BIRTHPLACE (State or foreign country) MO.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME DOUGLASS HARRY TITUS		14. MOTHER'S MAIDEN NAME EDNA MAE EBBERTS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Douglas Titus, 2263 W. Baltimore St.		ADDRESS	

18. **769.0**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Maternal Eclampsia**

INTERVAL BETWEEN ONSET AND DEATH

two weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5-26**, 19**53** to **5-28**, 19**53**, that I last saw the deceased alive on **5-28**, 19**53**, and that death occurred at **6:30** m., from the causes and on the date stated above.

23A. SIGNATURE **Robert Walker Lopez, M.D.** 23B. ADDRESS **8300 Green Hope** 23C. DATE SIGNED **5/28/53**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 5-29-53	24C. NAME OF CEMETERY OR CREMATORY Baltimore National	24D. LOCATION (City, town, or county) (State) Baltimore
DATE RECEIVED BY LOCAL REGISTRAR MAY 29 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR W. H. Cole	ADDRESS 1913 W. Baltimore St.

1005

STATE OF NEW YORK

CERTIFICATE OF DEATH

1005



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct address is especially important. Physicians: please write the causes of death clearly and legibly.

8-200
53 5023BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5023
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Richard V. Page Jr.

2. DATE
OF
DEATH

May 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Anderson Nursing Home

3604 Mohawk Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15-47

D. STREET ADDRESS (If rural, give location)

3304 Clifton Ave.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 12, 1862

9. AGE (In years
last birthday)

91

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Auditor & Comptroller

10B. KIND OF BUSINESS OR
INDUSTRY

Baugh Chemical Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Richard V. Page

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Charles H. Page Jr., 1236 Lake Falls Rd

18. 422.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Cardio-vascular disease

DUE TO

(B)

Arterio Sclerosis

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHout-
about 1 year

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1932, 19, to May 27, 1953, that I last saw the deceased alive on May 27, 1953, and that death occurred at May 27, 1953, from the causes and on the date stated above.

23A. SIGNATURE

Kathleen Schubert

M. D.

23B. ADDRESS

2220 Garrison Blvd.

23C. DATE SIGNED

May 28, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

May 29, 1953

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington 5/31/53

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell & Sons, Inc. 1900 Eutaw
Place

STATE OF NEW YORK DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

SEX

EDUCATION

RELATIONSHIP

DATE OF MARRIAGE

DATE OF INTERMENT

PLACE OF INTERMENT

DATE OF BURIAL

PLACE OF BURIAL

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

M-624 CERTIFICATE CORRECTED

6-8-53

MARGOLIS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 5024

53 5024

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Max Margolis

2. DATE
OF
DEATH

5-28-53

3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Sinai

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore 15-13

D. STREET ADDRESS (If rural, give location)

4501 Umatilla Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

10-4-1913

9. AGE (in years
last birthday)

65-66

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

Furniture

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Not Known

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
215-07-6631

17. INFORMANT

Jack Margolis -

ADDRESS

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral-vascular accident 12 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic, Hypertensive
Cardiovascular disease

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 5/20, 1953 to 5/28, 1953 that I last saw the
deceased alive on 5/28, 1953, and that death occurred at 7:25 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Stanley C. Rubnitz

M. O.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

5/28/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

5-29-53

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

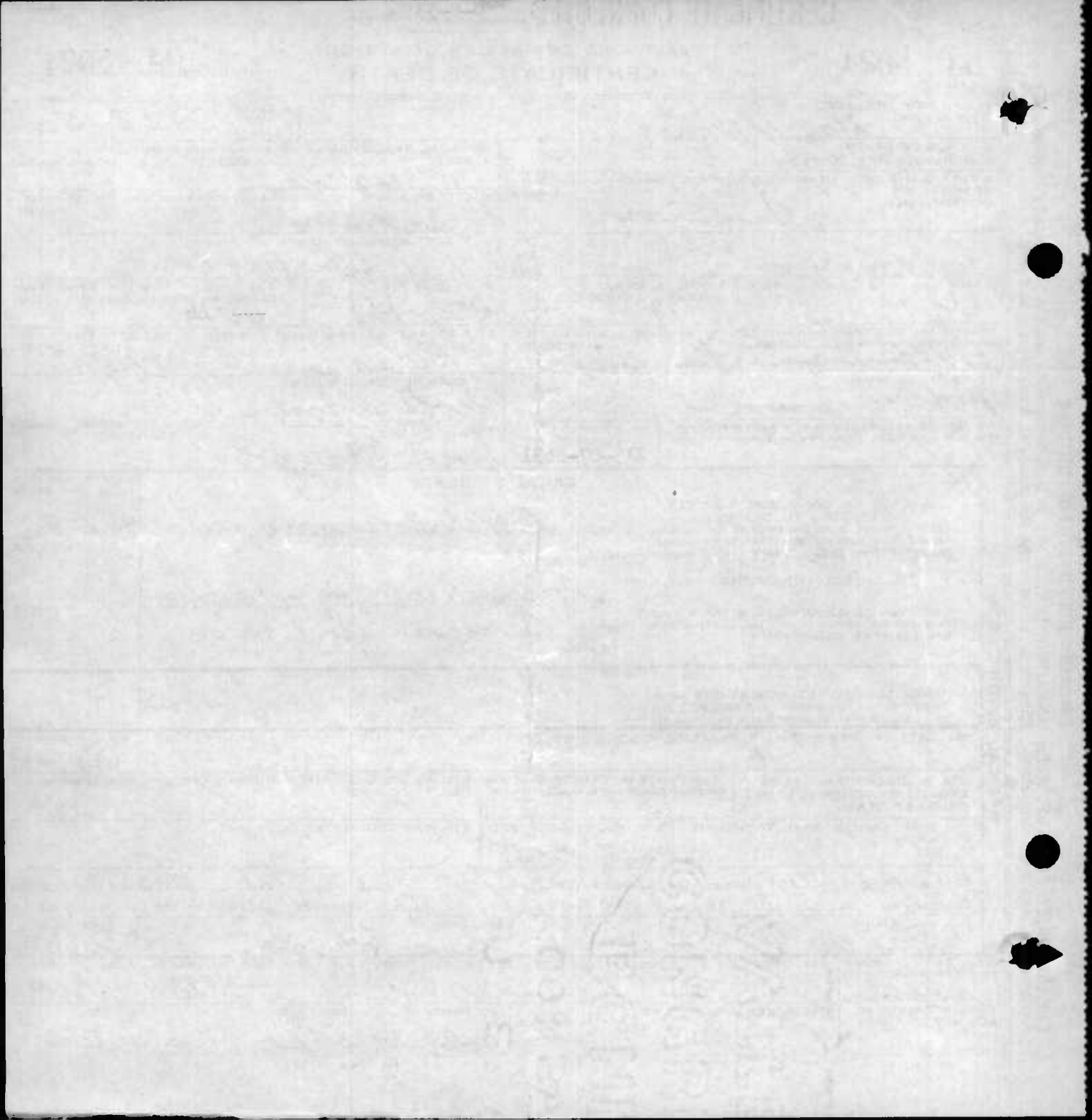
Huntington Hill

25. FUNERAL DIRECTOR

Jack Lewis 2100 Gutter Rd

ADDRESS

49066



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 5025
Registered No.

53 5025
BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IRVIN E. KHEIN

2. DATE
OF
DEATH

5-29-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

5723 Clover Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-69

D. STREET ADDRESS (If rural, give location)

5723 Clover Road

c. Length of stay in Baltimore

45 Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years last birthday)

49

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, or retired)

Merchant

10B. KIND OF BUSINESS OR INDUSTRY

Hardware

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Beane

14. MOTHER'S MAIDEN NAME

Bessie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Ida Klein - Dams

18. *443X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *CEREBRAL EMBOLUS*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *HYPERTENSIVE CARDIOVASCULAR DISEASE*

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

PULMONARY INFARCTION

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4/23* to *5/29*, 19*53*, that I last saw the deceased alive on *5/27*, 1953, and that death occurred at *11* m., from the causes and on the date stated above.

23A. SIGNATURE

Samuel P. Scalia

23B. ADDRESS

1004 Reisterstown Rd Pikesville

23C. DATE SIGNED

5/29/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5-29-53

24C. NAME OF CEMETERY OR CREMATORY

Mt Carmel

24D. LOCATION (City, town, or county)

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

James Lewis

ADDRESS

2100 Eutan Rd

VS 150

2906N

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

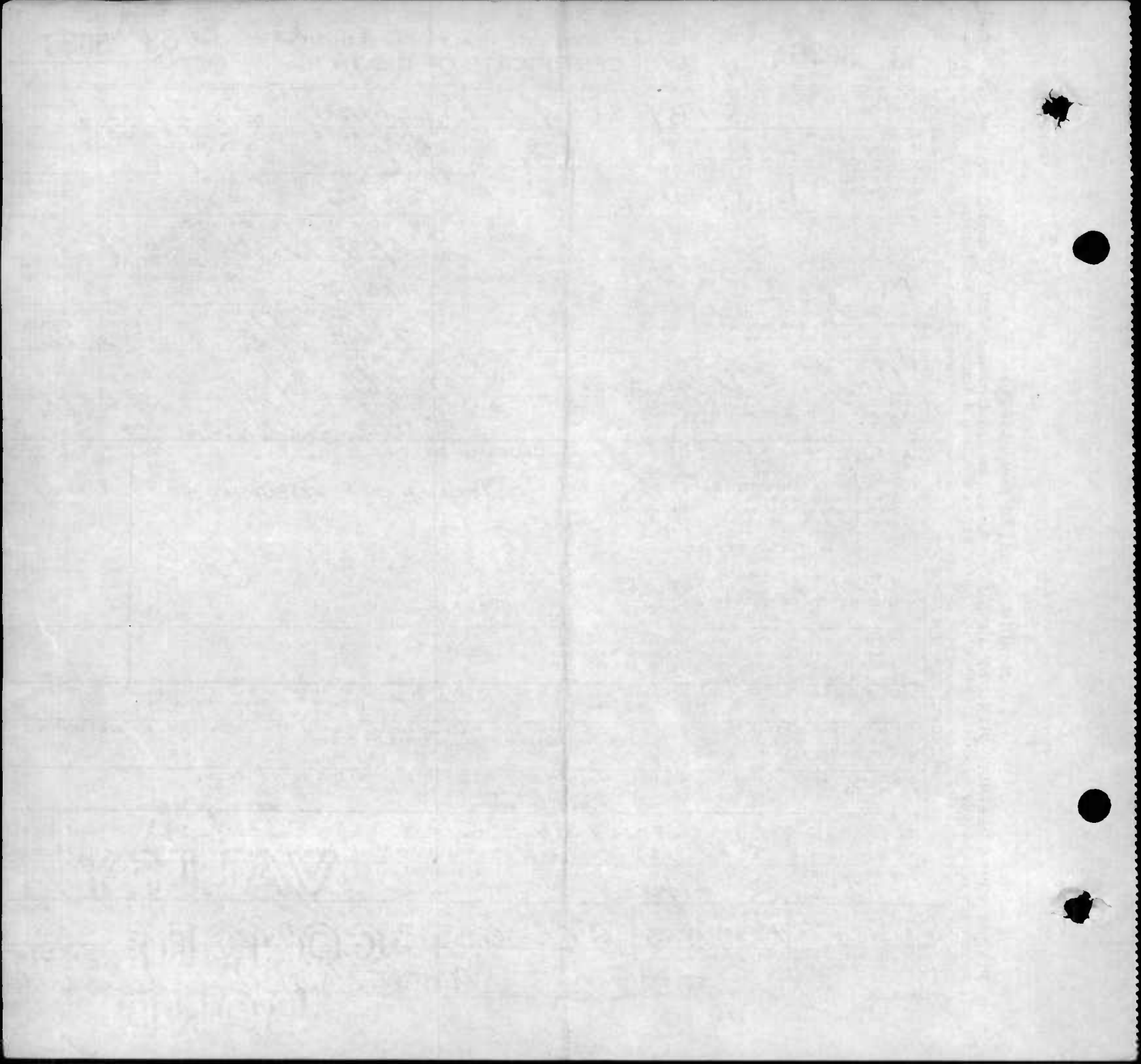
Jane Decker
1164 Reist Road
Pikesville

9:20 AM

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				Registered No. 53 5026	
BIRTH NO. 53 5026				23-11545	
1. NAME OF DECEASED (Type or Print)				2. DATE OF DEATH	
BABY BOY TILLMAN				5/26/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Md.	
B. FULL NAME OF (If not in hospital or institution, give street address or location) UNIV. Hosp				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balt. 20-02	
C. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) 210 W. Saratoga St	
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 5/23/53	9. AGE (In years last birthday) 3	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Balt. Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Curtis Tillman			14. MOTHER'S MAIDEN NAME Hilda Dry		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.			17. INFORMANT Hilda Tillman		ADDRESS 2001 W. 3rd St
18. 762.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				CAUSE OF DEATH (A) BRONCHO-PNEUMONIA DUE TO A + bacteria, upper lobe (B) Prematurity (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/24, 1953 to 5/26, 1953 that I last saw the deceased alive on 5/26, 1953, and that death occurred at 10:30 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Wm. R. Grece		23B. ADDRESS Univ. Hosp		23C. DATE SIGNED 5/26/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5/29/1953		24C. NAME OF CEMETERY OR CREMATORY Mt Auburn Cem	
24D. LOCATION (City, town, or county) Balt. Md.		24E. LOCATION (City, town, or county) Balt. Md.		24F. LOCATION (City, town, or county) Balt. Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE F. W. H. H. H.		25. FUNERAL DIRECTOR M. W. R. Williams	
VS 150		ADDRESS 322 N			



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 5027**

BIRTH NO.

 NAME OF DECEASED
(Type or Print)

Frances E. Griffin

 2. DATE
OF
DEATH

May 25, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

915 Pierce St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.
18-01

D. STREET ADDRESS (If rural, give location)

915 Pierce St.

c. Length of stay in Baltimore

 Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 26, 1892

9. AGE (In years last birthday)

60

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Maid

10B. KIND OF BUSINESS OR INDUSTRY

Domestic

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Barney Griffin

14. MOTHER'S MAIDEN NAME

Frances Furry

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, never unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Effie Brooks 804 W. Lex. St.

ADDRESS

 18. **331X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebro vascular accident
6 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension
Unknown

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES ☐ NO ☐

 21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

 WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

 22. I hereby certify that I attended the deceased from **June 1952** to **May 25, 1953** that I last saw the deceased alive on **May 25, 1953**, and that death occurred at **6 p. m.**, from the causes and on the date stated above.

23A. SIGNATURE

H. Harland Churchill

23B. ADDRESS

1038 Edmond Ave

23C. DATE SIGNED

5-28-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/29/1953

24C. NAME OF CEMETERY OR CREMATORY

W. T. Wilson Cem. Balto.

24D. LOCATION (City, town, or county)

Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington-Walsh

25. FUNERAL DIRECTOR

Mrs. Katherine B. Williams

ADDRESS

3224 Schroeder St.

STATE OF TEXAS
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

NAME OF DECEASED		SEX		AGE		DATE OF DEATH	
PLACE OF DEATH		CITY		COUNTY		STATE	
OCCUPATION		EDUCATION		MARRIAGE		RELIGION	
CAUSE OF DEATH		MANNER OF DEATH		PLACE OF BURIAL		DATE OF BURIAL	
SIGNATURE OF PHYSICIAN		SIGNATURE OF CORONER		SIGNATURE OF DECEASED		SIGNATURE OF WITNESSES	
DATE OF CERTIFICATE		TIME OF CERTIFICATE		PLACE OF CERTIFICATE		STATE OF CERTIFICATE	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5028

BIRTH NO. 53 5028

1. NAME OF DECEASED
(Type or Print)

Henry A Engelhardt.

2. DATE
OF
DEATH

5/28/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BALTO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

4504 White Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO

26-01

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4504 White Ave.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

4/16/89

9. AGE (In years last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired - Hardware Store

10B. KIND OF BUSINESS OR INDUSTRY

Hardware Business

11. BIRTHPLACE (State or foreign country)

BALTO. CITY

MD

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Henry P. Engelhardt.

14. MOTHER'S MAIDEN NAME

EMMA A. POTHOFF

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

Yes

(If yes, give war or dates of service)
World War I

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MRS. Henry A. Engelhardt, 4504 White Ave.

18. 156.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Carcinoma of Liver

INTERVAL BETWEEN ONSET AND DEATH

9 mon.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Feb. 15, 1953

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of liver with metastases

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1, 1953, to May 27, 1953, that I last saw the deceased alive on May 27, 1953, and that death occurred at 8:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Adam J. Lewis

M. D.

23B. ADDRESS

6232 Belair Road

23C. DATE SIGNED

May 29, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/1/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

BALTO.

MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

LASSAUN FUNERAL HOME 7401 BELAIR RD.

VS 150

2906A

BALTO. C. MD.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 5029
Registered No.

53 5029

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth R. Sadler

2. DATE
OF
DEATH

5-28-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE *md* B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

1404 McHenry St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 19-03

D. STREET ADDRESS (If rural, give location)
1404 McHenry St

c. Length of stay in Baltimore

45

Yrs.
Mos.
Days

6. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

FEMALE White

WIDOW

NOV 17-1864

88

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

md

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Emma Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

CHARLES SADLER

4 Colonial Rd Woodlawn md

18. *443X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

11
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

chronic Nephritis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *June 1945* to *May*, 1953, that I last saw the deceased alive on *5-28*, 1953, and that death occurred at *12:20* p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Thos T. Roberts

23B. ADDRESS

4509 Liberty Heights Rd

23C. DATE SIGNED

5-29-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

6-1-1953

WESTERN (Cem)

BALTO MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAY 29 1953

Huntington Williams, M.D.

St. C. B. M. Walters

VS 150

Pratt & Stricker Sts

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-600

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5030

BIRTH NO. 53 5030

1. NAME OF DECEASED (Type or Print) LEON MOORE			2. DATE OF DEATH 5/25/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Union Shop			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 18-01		
C. Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) 819 W. LEXINGTON ST		
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 6/17/1922	9. AGE (in years last birthday) 30	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NEWS SALES MAN			10B. KIND OF BUSINESS OR INDUSTRY PAPER		
11. BIRTHPLACE (State or foreign country) BALTIMORE			12. CITIZEN OF WHAT COUNTRY? U.S.A?		
13. FATHER'S NAME LUTHER MOORE			14. MOTHER'S MAIDEN NAME RAY MILDRED MOORE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. NO		
17. INFORMANT RAY MILDRED MOORE (M)			ADDRESS 819 W. LEX. ST		

18. I 3401 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Diplacoccus meningitis DUE TO Frontal lobe abscess, it Chronic sinusitis		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 5/25/53	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/25 , 19 53 to 5/25 , 19 53 , that I last saw the deceased alive on 5/25 , 19 53 , and that death occurred at 2:45 p.m., from the causes and on the date stated above.			
23A. SIGNATURE Charles G. Cooper	M. D.	23B. ADDRESS University Ave.	23C. DATE SIGNED 5/25/53
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 5/29/53	24C. NAME OF CEMETERY OR CREMATORY MT. AUBURN CEM.	24D. LOCATION (City, town, or county) (State) BALTO. MD.
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Charles G. Cooper	25. FUNERAL DIRECTOR CHAS. G. COOPER-512 CARROLLTON AV	

VS 150

490 4M Charles G. Cooper

Directions on coding
from Dr. Tull,
Bureau of C. O.
B. C. H. O.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 5031
Registered No.

53 5031
BIRTH NO.

1. NAME OF DECEASED (Type or Print) WALTER P. PECK			2. DATE OF DEATH 5/26/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1132 MYRTLE AVE			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) 1132 MYRTLE AVE		
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 9/12/1871	9. AGE (In years last birthday) 81	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WAITER			10B. KIND OF BUSINESS OR INDUSTRY HOTEL		
11. BIRTHPLACE (State or foreign country) BALTIMORE			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME DANIEL C. PECK			14. MOTHER'S MAIDEN NAME SARAH JANE AMOS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO			16. SOCIAL SECURITY NO. 217-07-6610		
17. INFORMANT NETTIE GANTT(D)			ADDRESS 1132 MYRTLE AV.		

18. 442x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) hypertensive cardio-renal disease DUE TO (A) hypertensive cardio-renal disease (B) [Euraemia] (C) _____	INTERVAL BETWEEN ONSET AND DEATH 500 yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. arterio-sclerosis	

19A. DATE OF OPERATION 5/3 1/53		19B. MAJOR FINDINGS OF OPERATION arterio-sclerosis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 1500 E. M.D. ST		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) BALTO. MD.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 5/21, 1953		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? CHAS. G. COOPER	
22. I hereby certify that I attended the deceased from July 7, 1948 to 5/26, 1953 that I last saw the deceased alive on 5/21, 1953 and that death occurred at 10:15 A.M. from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS 1500 E. M.D. ST		23C. DATE SIGNED 5-27-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 5/3 1/53		24C. NAME OF CEMETERY OR CREMATORY MT. AUBURN CEM.	
24D. LOCATION (City, town, or county) (State) BALTO. MD.		25. FUNERAL DIRECTOR CHAS. G. COOPER-512 CARROLLTON AV.			

Charles G. Cooper

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

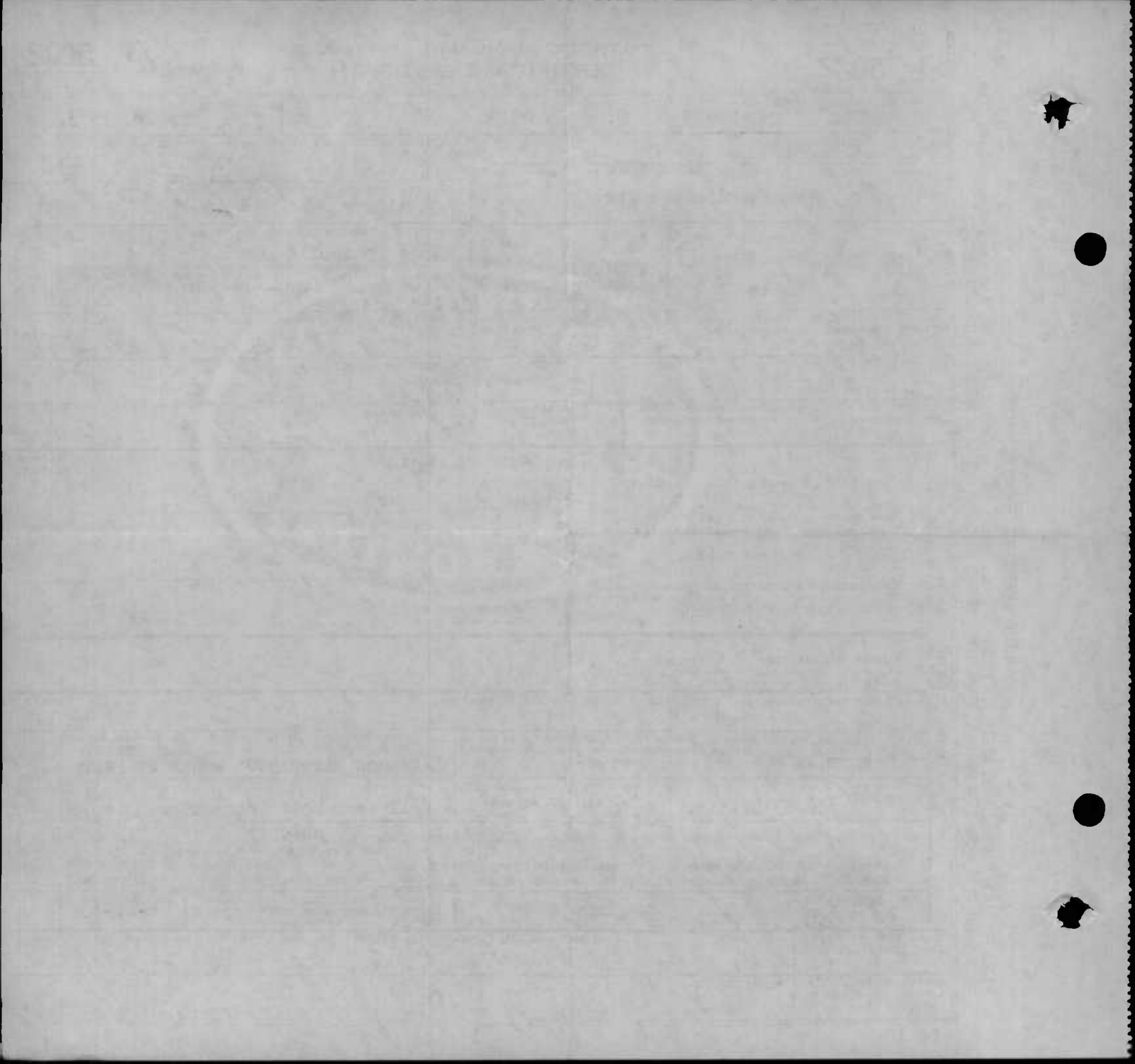
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE	
4. PLACE OF BIRTH		5. DATE OF BIRTH		6. DATE OF DEATH	
7. PLACE OF DEATH		8. CAUSE OF DEATH		9. MANNER OF DEATH	
10. SIGNATURE OF REGISTRAR		11. SIGNATURE OF MEDICAL OFFICER		12. SIGNATURE OF CORONER	
13. SIGNATURE OF WITNESS		14. SIGNATURE OF DECEASED		15. SIGNATURE OF NEXT OF KIN	
16. SIGNATURE OF BURIAL OFFICER		17. SIGNATURE OF FUNERAL DIRECTOR		18. SIGNATURE OF CHURCH OFFICER	
19. SIGNATURE OF CEMETERY OFFICER		20. SIGNATURE OF INTERMENT OFFICER		21. SIGNATURE OF BURIAL OFFICER	
22. SIGNATURE OF INTERMENT OFFICER		23. SIGNATURE OF BURIAL OFFICER		24. SIGNATURE OF INTERMENT OFFICER	
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100. SIGNATURE OF INTERMENT OFFICER		101. SIGNATURE OF BURIAL OFFICER		102. SIGNATURE OF INTERMENT OFFICER	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 53 5032	
BIRTH NO. 53 5032		1. NAME OF DECEASED (Type or Print) ROBERT B. ASKINS		2. DATE OF DEATH May 28, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 25-33			
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write FULL name and give township) Baltimore			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 2361 Annapolis Road			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7/15/1927	9. AGE (in years last birthday) 25	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Horton Sales Co		11. BIRTHPLACE (State or foreign country) Baltimore	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Earl Askins		14. MOTHER'S MAIDEN NAME Frances Taylor	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Gloria G. Askins Ward St.	
18. E 50.8 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Drowning DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) river		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Bar Beacon Patapsco River 500' south of Ferry	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 5/28/53 4:15 P.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? fell from boat into water	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William H. Ward		23B. CHIEF MEDICAL EXAMINER M.D. <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 5-29-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/1/53	24C. NAME OF CEMETERY OR CREMATORY New Balto. Natl. Cem.		24D. LOCATION (City, town, or county) (State) 5501 Frederick Ave., Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR May 29 1953	REGISTRAR'S SIGNATURE Thurston G. Williams	25. FUNERAL DIRECTOR John J. Cowan		ADDRESS San Holling	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 5033**BIRTH NO. **53 5033**

1. NAME OF DECEASED (Type or Print) <i>Jacoby, Elizabeth Ellen</i>			2. DATE OF DEATH <i>28 May 53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>26-05</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>3604 Elmley Ave -</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>31 Oct 1892</i>	9. AGE (In years last birthday) <i>60</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Baltimore County Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA.</i>
13. FATHER'S NAME <i>Edward Dulin</i>			14. MOTHER'S MAIDEN NAME <i>Anna Kramer-</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Hospital Records</i>		

18. *420.0*

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH
(A) *Arteriosclerotic Heart Disease*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Generalized Arteriosclerosis*

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) *Rt. Lower lobe pulmonary infarction*

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION *2*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *25 May, 1953* to *28 May, 1953* that I last saw the deceased alive on *28 May, 1953*, and that death occurred at *11³⁶ Am.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
*BURIAL*24B. DATE
*6/1/53*24C. NAME OF CEMETERY OR CREMATORY
*BAK LAWN*24D. LOCATION (City, town, or county) (State)
BALTIMORE MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE
Thurston

25. FUNERAL DIRECTOR

ADDRESS
Bladen F. Hoffman 1639 Broadway

8002

UNITED STATES DEPARTMENT OF AGRICULTURE
OFFICE OF THE SECRETARY



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 5034**

BIRTH NO. **420 5034**

1. NAME OF DECEASED
(Type or Print)

John P. Black

2. DATE OF DEATH **May 27, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

5216 Gwynn Oak Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland**
B. COUNTY

C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

5216 Gwynn Oak Ave.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 3, 1871

9. AGE (in years last birthday)

81 years

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Bookkeeper

10B. KIND OF BUSINESS OR INDUSTRY

Cloverland Dairy

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John S. Black

14. MOTHER'S MAIDEN NAME

Lucy C. Woodland

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO. **212-12-6149A**

17. INFORMANT ADDRESS
Mrs. Lucy C. Black, 5216 Gwynn Oak Ave.

18. **420.0**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

ONE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

ONE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

1 day

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10-30-19** to **5-28-53**, that I last saw the deceased alive on **5-28-53** and that death occurred at **10 A. m.**, from the causes and on the date stated above.

23A. SIGNATURE

Harry S. Seibel

23B. ADDRESS

2703 Edmondson Ave.

23C. DATE SIGNED

5/28/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

May 30, 1953

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cemetery

24D. LOCATION (City, town, or county) (State)

Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

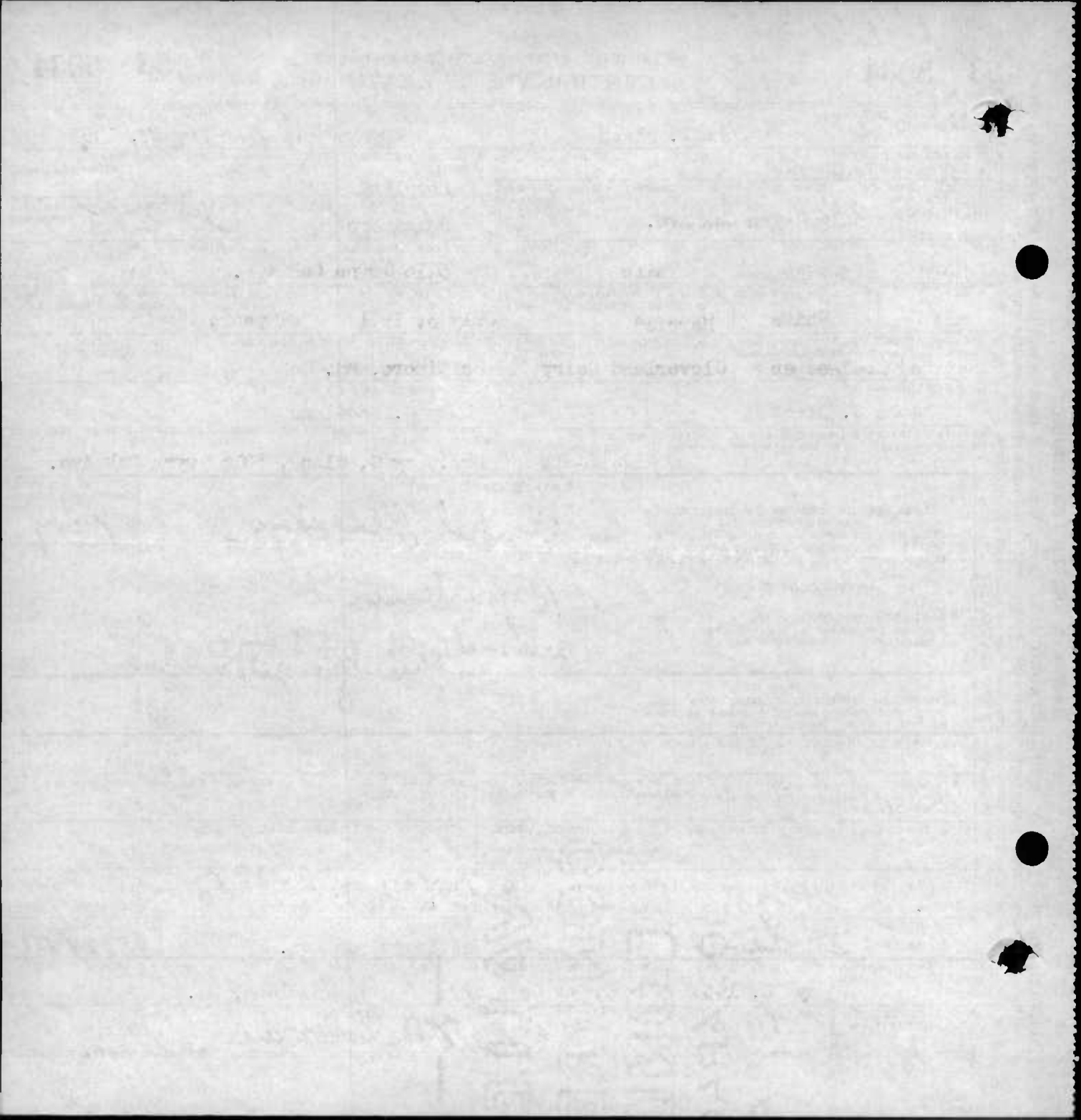
May 29 1953

25. FUNERAL DIRECTOR

Charles L. Lauer

ADDRESS

4510 Liberty Heights Ave.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 5035**

BIRTH NO. 53 5035-170489

1. NAME OF DECEASED (Type or Print) **Baby Girl Grace Lipscomb**

2. DATE OF DEATH **5-23-53**

3. PLACE OF DEATH:
A. **Baltimore City, Maryland**
B. **FULL NAME OF (If not in hospital or institution, give street address or location)** **Baltimore City Hospital**
4940 Eastern Ave Zone 24

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. **STATE** **Maryland**
B. **CITY OR TOWN** **Baltimore**
C. **STREET ADDRESS (If rural, give location)** **1630 E. Madison Ave Zone 17**

5. SEX **Female** **6. COLOR OR RACE** **Negro** **7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)** **Single**

8. DATE OF BIRTH **5-20-53** **9. AGE (In years, last birthday)** **3** **10. Under 1 Year Months: Days** **3** **11. Under 24 Hours Hours: Min.** **3**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **10B. KIND OF BUSINESS OR INDUSTRY**

11. BIRTHPLACE (State or foreign country) **12. CITIZEN OF WHAT COUNTRY?**

13. FATHER'S NAME **Robert Lee** **14. MOTHER'S MAIDEN NAME** **Grace Lipscomb**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **16. SOCIAL SECURITY NO.** **17. INFORMANT** **Baltimore City Hospital Records** **ADDRESS** **4940 Eastern Ave**

18. 770.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) **CAUSE OF DEATH** **Erythroblastosis Foetalis** **INTERVAL BETWEEN ONSET AND DEATH**

ANTECEDENT CAUSES **Rh. Incompatibility**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **19B. CONDITION FOR WHICH OPERATION WAS PERFORMED** **IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II** **20. AUTOPSY?** **YES** **NO**

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) **21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)** **21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?**

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY **21E. INJURY OCCURRED WHILE AT WORK** **21F. HOW DID INJURY OCCUR?**

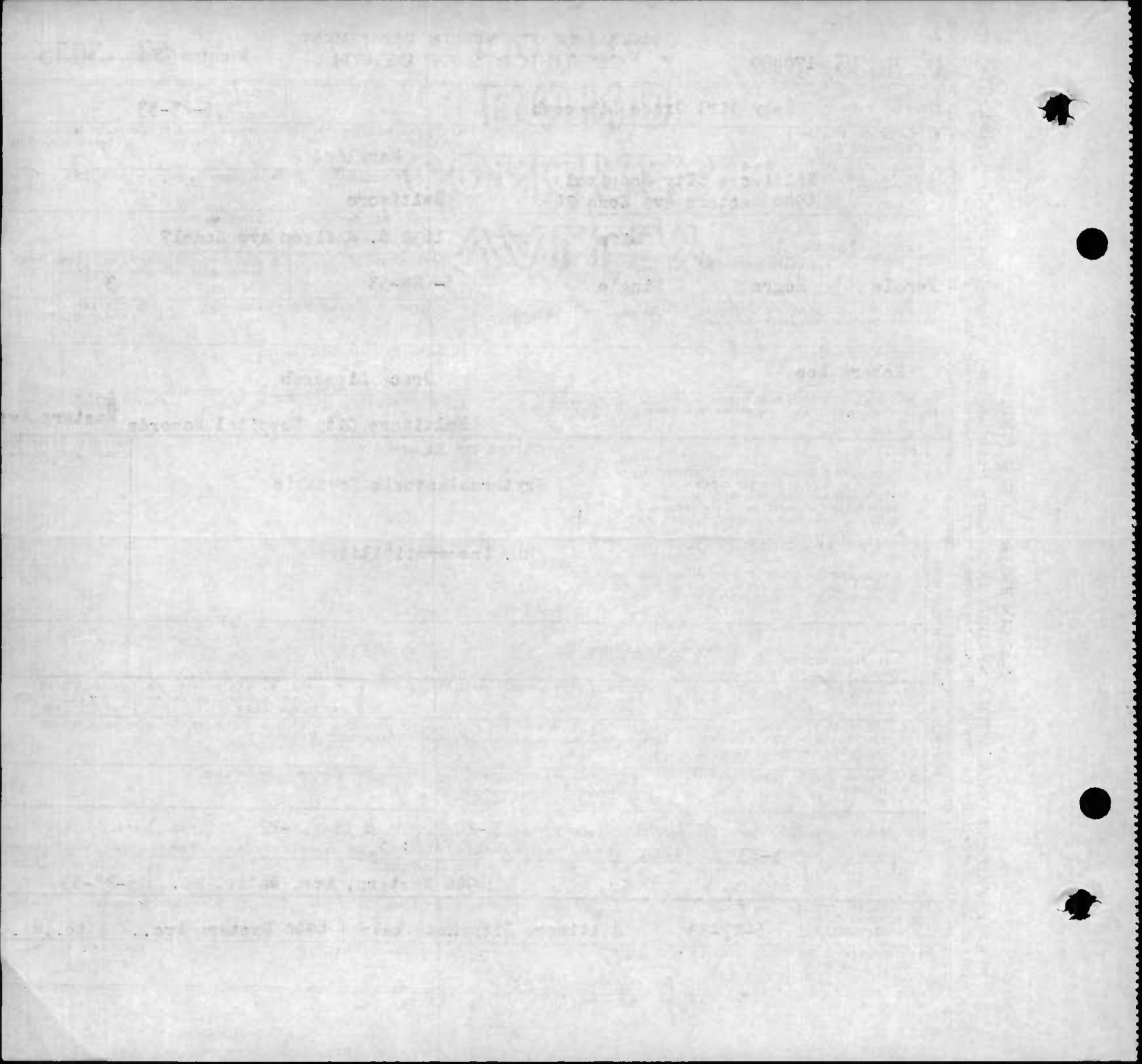
22. I hereby certify that I attended the deceased from 5-20 1953 to 5-23 1953, that I last saw the deceased alive on 5-23 1953, and that death occurred at 4:25 p. m., from the causes and on the date stated above.

23A. SIGNATURE **H. J. Williams, M.D.** **23B. ADDRESS** **4940 Eastern, Ave. Balto, Md.** **23C. DATE SIGNED** **5-23-53**

24A. BURIAL, CREMATION, REMOVAL (Specify) **cremated** **24B. DATE** **5-27-53** **24C. NAME OF CEMETERY OR CREMATORY** **Baltimore City Hospitals** **24D. LOCATION (City, town, or county) (State)** **4940 Eastern Ave., Balto., Md.**

DATE RECEIVED BY LOCAL REGISTRAR **REGISTRAR'S SIGNATURE** **25. FUNERAL DIRECTOR** **ADDRESS**

VS 150



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-350
FJ 170612
53-5036-53-11641

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 5036**

1. NAME OF DECEASED (Type or Print) Baby Girl - Patsy Bowden		2. DATE OF DEATH 5-26-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 560 Wilson St. #17	
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 5-25-1953
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 1
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Joe Bowden		14. MOTHER'S MAIDEN NAME Patsy Davis	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT B.C.H. 4940 Eastern Ave. (records)		ADDRESS	
18. 776X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION 7		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-25- , 19 53 , to 5-26- , 19 53 that I last saw the deceased alive on 5-26- , 19 53 , and that death occurred at 4 A.m. , from the causes and on the date stated above.			
23A. SIGNATURE H. John Deas		23B. ADDRESS 4940 Eastern Avenue	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremated		24B. DATE 5-28-53 09am	
24C. NAME OF CEMETERY OR CREMATORY B. C. H. Crematory		24D. LOCATION (City, town, or county) (State) 49 40 Eastern Ave.	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR ADDRESS	
REGISTRAR'S SIGNATURE			

VS 150

CERTIFICATE OF DEATH

FILE NO.

DATE OF DEATH

AGE

SEX

RACE

PLACE OF BIRTH

DATE OF BIRTH

PLACE OF DEATH

DATE OF DEATH

PLACE OF INTERMENT

DATE OF INTERMENT

PLACE OF BURIAL

DATE OF BURIAL

PLACE OF CREMATION

DATE OF CREMATION

PLACE OF EXHUMATION

DATE OF EXHUMATION

PLACE OF REINTERMENT

DATE OF REINTERMENT

PLACE OF REBURYAL

DATE OF REBURYAL

PLACE OF RECREATION

DATE OF RECREATION

PLACE OF RECONSTRUCTION

DATE OF RECONSTRUCTION

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-100

53 5037

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5037

1. NAME OF DECEASED (Type or Print) CHARLES HERBERT GOEB		2. DATE OF DEATH May 27, 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Md. b. COUNTY 12-03	
b. FULL NAME OF (If not in hospital or institution, give street address or location) 435 Ilchester Ave.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 435 Ilchester Ave.	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 19, 1897
9. AGE (In years last birthday) 55		10. UNDER 1 Year Months Days	11. UNDER 24 Hours Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) traffic Mgr.		10b. KIND OF BUSINESS OR INDUSTRY Lumber Dealers	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Charles Wm. Goeb		14. MOTHER'S MAIDEN NAME Katherine L. Schutte	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 212-01-3031	
17. INFORMANT Mr. E. Stephen Farlow - 435 Ilchester Av		ADDRESS	
18. 199.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Sarcomatosis		INTERVAL BETWEEN ONSET AND DEATH unknown	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Sarcoma, left arm		10 months	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION Oct 3 1952		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED Sarcoma, arm	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21d. HOW DID INJURY OCCUR?	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1949 , 19__, to May 27 , 19 53 that I last saw the deceased alive on May 27 , 19 53 , and that death occurred at 7:30 a.m., from the causes and on the date stated above.			
23a. SIGNATURE Walter L. Sugrue M.D.		23b. ADDRESS 11 E Chase St	
23c. DATE SIGNED 5-28-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5/30/53	
24c. NAME OF CEMETERY OR CREMATORY Balto. Cemetery		24d. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR May 29 1953		REGISTRAR'S SIGNATURE H. E. 3/0	
25. FUNERAL DIRECTOR Wm. J. Vickers & Sons		ADDRESS Balto 17, Md.	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information given and be legible. THE following information should be given in the cause of death certificate.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATE

1. NAME OF DECEASED (Type or Print)		2. PLACE OF DEATH: A. Baltimore City, Maryland	
3. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE _____ B. COUNTY _____	
5. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		6. STREET ADDRESS (If rural, give location)	
7. SEX		8. DATE OF BIRTH Yr. _____ Mo. _____ Day _____	
9. COLOR OR RACE		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	
11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		12. FATHER'S NAME	
13. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. BIRTHPLACE (State or foreign country)	
17. SECURITY NO.		18. CITIZEN OF WHAT COUNTRY?	
19. INFORMANT		20. ADDRESS	
CAUSE OF DEATH			
18. (A) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) DUE TO _____			
(B) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO _____			
(C) _____			
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. II DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
21. DATE OF OPERATION		22. CONDITION FOR WHICH OPERATION WAS PERFORMED	
23. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		24. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)	
25. TIME (Month) (Day) (Year) (Hour)		26. HOW DID INJURY OCCUR?	
27. TIME (Month) (Day) (Year) (Hour)		28. WHERE DID INJURY OCCUR?	
29. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.		30. DATE SIGNED	
31. SIGNATURE		32. ADDRESS	
33. SIGNATURE		34. ADDRESS	
35. NAME OF CEMETERY OR CREMATORY		36. LOCATION (City, town, or county) (State)	
37. DATE		38. NAME OF CEMETERY OR CREMATORY	
39. DATE RECEIVED BY LOCAL REGISTRAR		40. REGISTRAR'S SIGNATURE	
41. DATE RECEIVED BY FUNERAL DIRECTOR		42. ADDRESS	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53-300
53 5038BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5038
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) MARIE P. SCOTT		2. DATE OF DEATH May 28, 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Md. b. COUNTY 27-48			
b. FULL NAME OF HOSPITAL OR INSTITUTION 353 Rosebank Ave.		c. CITY OR TOWN (If outside incorporated limits, write rural and give township) Baltimore			
c. Length of stay in Baltimore Yrs. 00 Mos. 00 Days 00		d. STREET ADDRESS (If rural, give location) 503 Orkney Rd.			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Nov. 17, 1870	9. AGE (In years; last birthday) 82	10. Under 1 Year Months 00 Days 00 Hours 00 Min. 00
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Music Teacher (rtd)			10b. KIND OF BUSINESS OR INDUSTRY self employed		11. BIRTHPLACE (State or foreign country) Pennsylvania
13. FATHER'S NAME Walter Scott			12. CITIZEN OF WHAT COUNTRY ✓		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) -			16. SOCIAL SECURITY NO. --		
17. INFORMANT Mrs. John MacDonald-3406 Duvall Ave.			ADDRESS		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Aspiration pneumonia DUE TO 3 weeks		CAUSE OF DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cerebral Hemorrhage DUE TO 7 weeks		(B) Arteriosclerosis general & cerebral DUE TO 10 years	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None			

19a. DATE OF OPERATION None		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) None		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) None		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 1945 to May 28th , 19 53 , that I last saw the deceased alive on May 27th , 19 53 , and that death occurred at 7 A.m. , from the causes and on the date stated above		23a. SIGNATURE A.S. Chalfant	
23b. ADDRESS 6210 York Road		23c. DATE SIGNED May 29-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/30/53	
24c. NAME OF CEMETERY OR CREMATORY Prospect Hill Cem.		24d. LOCATION (City, town, or county) (State) Towson, Md.		DATE RECEIVED BY LOCAL REGISTRAR May 29 1953		REGISTRAR'S SIGNATURE Huntington	
25. FUNERAL DIRECTOR Wm. J. Vickener & Sons		ADDRESS Balto 17, Md.		26. DATE RECEIVED BY LOCAL REGISTRAR May 29 1953		26. REGISTRAR'S SIGNATURE Huntington	

PLEASE WRITE PLAINLY, WITH UNFOLDING INK. Every item of information should be carefully supplied. The certificate should be carefully supplied.

MARGIN RESERVED FOR RECORDING

VS 180

LOCAL REGISTRAR		DATE RECEIVED BY REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS	
24A. BURIAL CREMA TION REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town or county) (Specify)	
23. SIGNATURE		23A. ADDRESS		23B. DATE SIGNED		23C. DATE SIGNED	
22. I hereby certify that I attended the deceased from		19		and that death occurred at		m. from the cause and on the date stated above.	
21. TIME (Month, Day, Year) OF INJURY		21A. HOW DID INJURY OCCUR?		21B. PLACE OF INJURY (e.g., at work, at home, in car, etc.)		21C. WHERE DID INJURY OCCUR?	
20. DATE OF OPERATION		19		20A. DATE OF OPERATION		20B. OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
19. DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
18. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of death, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) II. ANTECEDENT CAUSES (DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST (B) DUE TO (C) INJURY OR COMPLICATION WHICH CAUSED DEATH.) (A) DUE TO (B) DUE TO (C) DUE TO		17. STREET ADDRESS (If rural, give location)		17. CITY OR TOWN (If outside Baltimore, give street address or location)		17. STATE	
16. SEX		16. COLOR OR RACE		16. MARRIED, SINGLE, WIDOWED, DIVORCED (Specify)		16. DATE OF BIRTH	
15. FATHER'S NAME		15. MOTHER'S MAIDEN NAME		15. BIRTHPLACE (State or foreign country)		15. CITIZEN OF WHAT COUNTRY	
14. USUAL OCCUPATION (If employed, work done during most of working life, even if retired)		14. KIND OF BUSINESS OR INDUSTRY		14. STREET ADDRESS (If rural, give location)		14. CITY OR TOWN (If outside Baltimore, give street address or location)	
13. PLACE OF DEATH		13. FULL NAME OF HOSPITAL OR INSTITUTION		13. STATE		13. COUNTY	
12. NAME OF DECEASED		12. TYPE OF PRINT		12. DATE OF DEATH		12. REGISTERED NO.	
11. BALTIMORE CITY, MARYLAND		11. BALTIMORE CITY, MARYLAND		11. BALTIMORE CITY, MARYLAND		11. BALTIMORE CITY, MARYLAND	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A 536

53 5039

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5039

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Helen S. Anderson

2. DATE
OF
DEATH

May 28, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

739 E. Cold Spring Lane

C. CITY OR TOWN (If outside corporate limits, write "RURAL" and give township)

Baltimore

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

739 E. Cold Spring Lane

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

October 1, 1900

9. AGE (In years
last birthday)

52

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Philadelphia, Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Harry K. Anderson

14. MOTHER'S MAIDEN NAME

Sophia Edlund

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Charles D. Anderson, 739 E. Cold Spring Ln.

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma - breast
DUE TO Metastasis

2 yr (?)

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19. DATE OF OPERATION

April 1952

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

Amputation - R breast

20. AUTOPSY?
IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART IIYES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1952, to May 28, 1953, that I last saw the
deceased alive on May 27, 1953, and that death occurred at 6:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Thomas L. Warkentin

M. D.

23B. ADDRESS

2900 Alameda Blvd

23C. DATE SIGNED

5/28/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

6/1/53

24C. NAME OF CEMETERY OR CREMATORY

Western Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

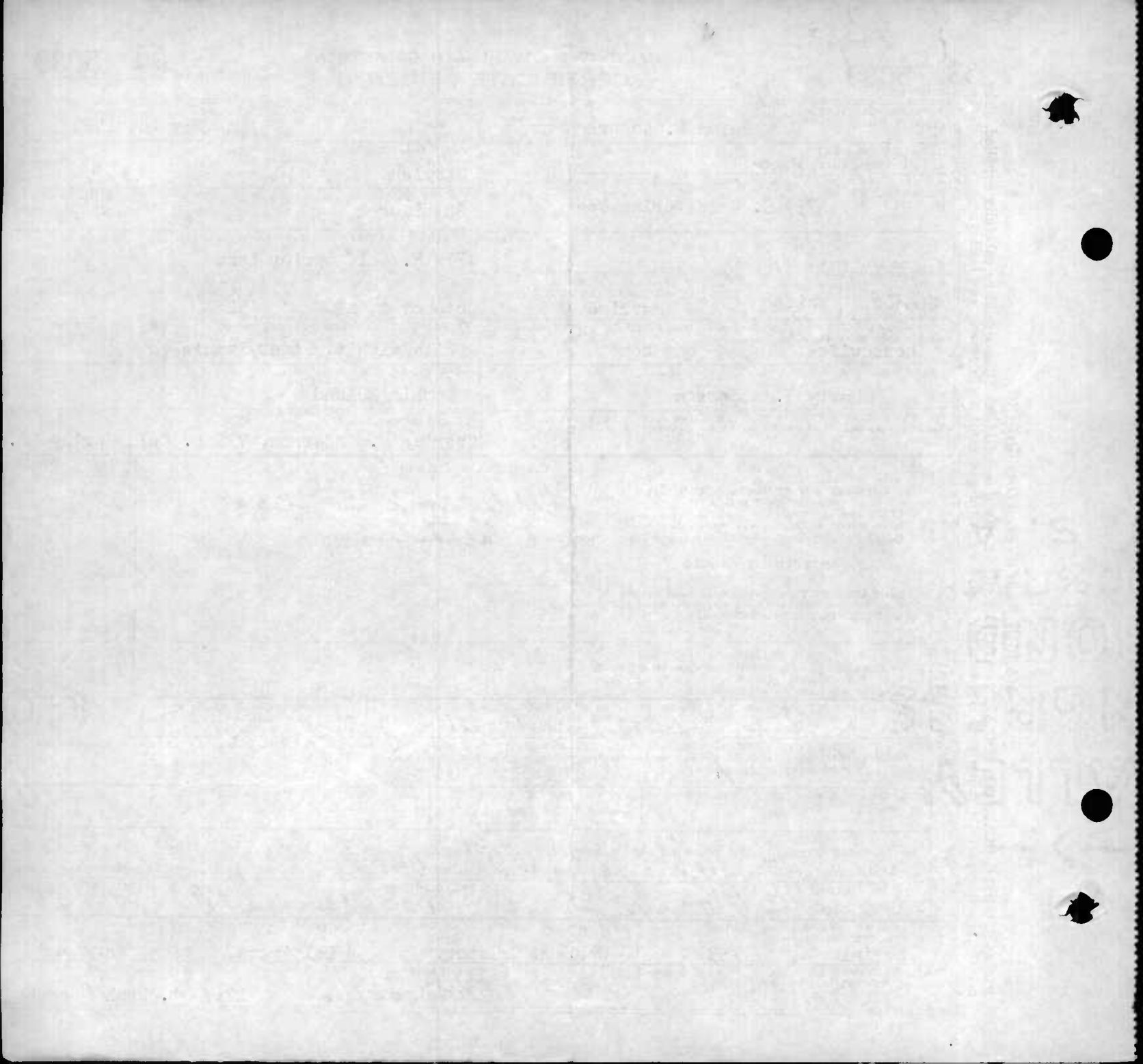
Therese L. Warkentin

25. FUNERAL DIRECTOR

Wm. C. Gork, Inc.,

ADDRESS

1217 St. Paul Street



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-530 CERTIFICATE CORRECTED 6-15-53				BALTIMORE CITY HEALTH DEPARTMENT		Registered No. 53 5040	
BIRTH NO. 5040				CERTIFICATE OF DEATH			
1. NAME OF DECEASED (Type or Print) LOUIS KNAUTH				2. DATE OF DEATH May 27, 1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Pennsylvania B. COUNTY V-35			
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Philadelphia			
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 106 W. Wishard Street			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1908 October 19, 1908		9. AGE (In years last birthday) 44-43		10 Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter Shellac Coater Coach			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Otto Knauth				14. MOTHER'S MAIDEN NAME Rebecca Grissert Greffenberg			
15. WAS DECEASED (Yes, no or unknown) yes		EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) W. W. II		16. SOCIAL SECURITY NO.		17. INFORMANT Knauth ADDRESS Helen Grissert, 106 W. Wishart St. Phila.	
18. E 929.8 and 322.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Drowning DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Acute alcoholism II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) harbor		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Pier 5, Pratt Street 4/1			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY May 27, 1953 1:40 P.M.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Fell from pier into harbor while drunk			
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .							
23A. SIGNATURE R. B. Fisher				23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M. D.		23C. DATE SIGNED May 28, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) removal		24B. DATE 5/29/53		24C. NAME OF CEMETERY OR CREMATORY U.S. National Cem. Greenmount Cemetery		24D. LOCATION (City, town, or county) (State) Philadelphia, Pennsylvania	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Wm. Cook & Son		ADDRESS 1217 St. Paul Street	

B-620

53 5041

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5041

1. NAME OF DECEASED (Type or Print) NELLIE A. BOWERS			2. DATE OF DEATH May 27, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 26-03		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 3417 Kentucky Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days 3417 Kentucky Avenue			D. STREET ADDRESS (If rural, give location)		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH July 22, 1888	9. AGE (in years last birthday) 64	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Manchester, Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Francis Grolock			14. MOTHER'S MAIDEN NAME Keziah Stocksdales		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 705-10-9227	17. INFORMANT 3417 Kentucky Avenue Mrs. Dorothy Butler		
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage (A) Cerebral Hemorrhage DUE TO 8 hours INTERVAL BETWEEN ONSET AND DEATH					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Hypertension, arterial DUE TO (C) Arteriosclerosis, generalized (1/2)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from February, 1950 , to May 27, 1953 , that I last saw the deceased alive on May 27, 1953 , and that death occurred at 6:15 m., from the causes and on the date stated above.					
23A. SIGNATURE Charles V. Sewell		23B. ADDRESS 5101 Belair Rd		23C. DATE SIGNED 5/29/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 5/30/53		24C. NAME OF CEMETERY OR CREMATORY Moreland Memorial Cem, Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 29 1953		REGISTRAR'S SIGNATURE Thurston Williams		25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. BALTO., MD. George Sander	

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of coroner		12. Signature of jury	
13. Signature of witnesses		14. Signature of family		15. Signature of neighbors	
16. Signature of clergyman		17. Signature of undertaker		18. Signature of funeral home	
19. Signature of cemetery		20. Signature of burial place		21. Signature of interment	
22. Signature of burial society		23. Signature of burial fund		24. Signature of burial fund	
25. Signature of burial fund		26. Signature of burial fund		27. Signature of burial fund	
28. Signature of burial fund		29. Signature of burial fund		30. Signature of burial fund	
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49. Signature of burial fund		50. Signature of burial fund		51. Signature of burial fund	
52. Signature of burial fund		53. Signature of burial fund		54. Signature of burial fund	
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91. Signature of burial fund		92. Signature of burial fund		93. Signature of burial fund	
94. Signature of burial fund		95. Signature of burial fund		96. Signature of burial fund	
97. Signature of burial fund		98. Signature of burial fund		99. Signature of burial fund	
100. Signature of burial fund		101. Signature of burial fund		102. Signature of burial fund	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 5042**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ESTELLA DENNIS

2. DATE
OF
DEATH

4-25-58

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Provident**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Maryland

D. STREET ADDRESS (If rural, give location)

2120 N. Howard ST

c. Length of stay in Baltimore

5. SEX

fe

6. COLOR OR RACE

colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Separated

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

domestic

10b. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH

9. AGE (In years last birthday)

11 Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.

about 61 yrs.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. **341X**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **Cavernous sinus thrombosis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **abscess, right upper eyelid**

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) **Septicemia**

congestive heart failure

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4/24**, 19**53**, to **4/25**, 19**58**, that I last saw the deceased alive on **4/25**, 19**53**, and that death occurred at **10:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE

Lorain T. Garvin

M. D.

23b. ADDRESS

Provident Hosp.

23c. DATE SIGNED

5-21-58

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

5/29/53

24c. NAME OF CEMETERY OR CREMATORY

Mount Auburn

24d. LOCATION (city, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Phillips

25. FUNERAL DIRECTOR

Arlington S. Phillips

ADDRESS

1808 N. Monroe St.

8007 40

RECEIVED AT THE U.S. DEPT. OF AGRICULTURE

WASHINGTON, D.C. 20250

U.S. DEPT. OF AGRICULTURE

WASHINGTON, D.C. 20250

U.S. DEPT. OF AGRICULTURE

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U.S. DEPT. OF AGRICULTURE

WASHINGTON, D.C. 20250

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered **53** 5043F 425
53 5043
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Flossman, Mr August</i>			2. DATE OF DEATH <i>5-29-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Church Home & Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Sparrows Point</i>		
c. Length of stay in Baltimore <i>35</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>518 E. Street</i> <i>5300</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>3-2-1872</i>		9. AGE (In years last birthday) <i>81</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Book Store Clerk</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>rel machines</i>	11. BIRTHPLACE (State or foreign country) <i>Germany</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>Flossman, Mr Ignitz</i>			14. MOTHER'S MAIDEN NAME <i>Werner, Mrs Anna</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>213-27-2345</i>	17. INFORMANT <i>Patient</i> ADDRESS		
18. <i>163X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of the lung</i> DUE TO			INTERVAL BETWEEN ONSET AND DEATH <i>one year</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5-18</i> , 1953, to <i>5-29</i> , 1953, that I last saw the deceased alive on <i>7-29</i> , 1952, and that death occurred at <i>8:40</i> a. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS <i>Church Home & Hospital</i>		23C. DATE SIGNED <i>5-29-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>June 1/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>	
24D. LOCATION (City, town, or county) <i>Baltimore</i>		24E. LOCATION (State) <i>Md</i>			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR <i>Philip Norwig Inc</i> ADDRESS <i>2029 Orleans St</i>	

UNITED STATES GOVERNMENT
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONFIDENTIAL
BUREAU OF LAND MANAGEMENT
U.S. DEPARTMENT OF THE INTERIOR

TO: [illegible]
FROM: [illegible]
SUBJECT: [illegible]
[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a memorandum or report.]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 5044**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

YETTA MANDELL

2. DATE
OF
DEATH

May 29, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

330 BEAUFORT AVE

C. CITY OR TOWN

BALTO.

(If outside corporate limits, write RURAL and give township)

27-18

C. Length of stay in Baltimore

46

Yrs.

Mos.

Days

D. STREET ADDRESS (If rural, give location)

5330 BEAUFORT AVE

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

9. AGE (In years last birthday)

69

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

RUSSIA

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

MOSES

14. MOTHER'S MAIDEN NAME

HASSIE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MR. JOSEPH FRIEDMAN - 5330 BEAUFORT AVE

18. **155X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Carcinoma of the Gall Bladder 1 yr.**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Oct 1952

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Gall Bladder with Metastasis

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ WORK

NOT WHILE ☐ AT WORK

22. I hereby certify that I attended the deceased from **Jan 1952** to **May 29, 1953**, that I last saw the deceased alive on **Aug 18, 1953** and that death occurred at **5:25 Am.**, from the causes and on the date stated above.

23A. SIGNATURE

Joseph N. Kolman, M.D.

23B. ADDRESS

3700 Park Heights Ave

23C. DATE SIGNED

5/29/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/31/1953

24C. NAME OF CEMETERY OR CREMATORY

Montiflore

24D. LOCATION (City, town, or county)

Brooklyn, N. Y.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

May 29 1953 **Heights Funeral Home - 2100 Eutan Pl**

1197 13 5614

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF BIRTH

DATE OF BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

MARRIAGE

PREVIOUS ILLNESS

PREVIOUS SURGERY

PREVIOUS TRAUMA

PREVIOUS DRUGS

PREVIOUS ALCOHOL

PREVIOUS TOBACCO

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

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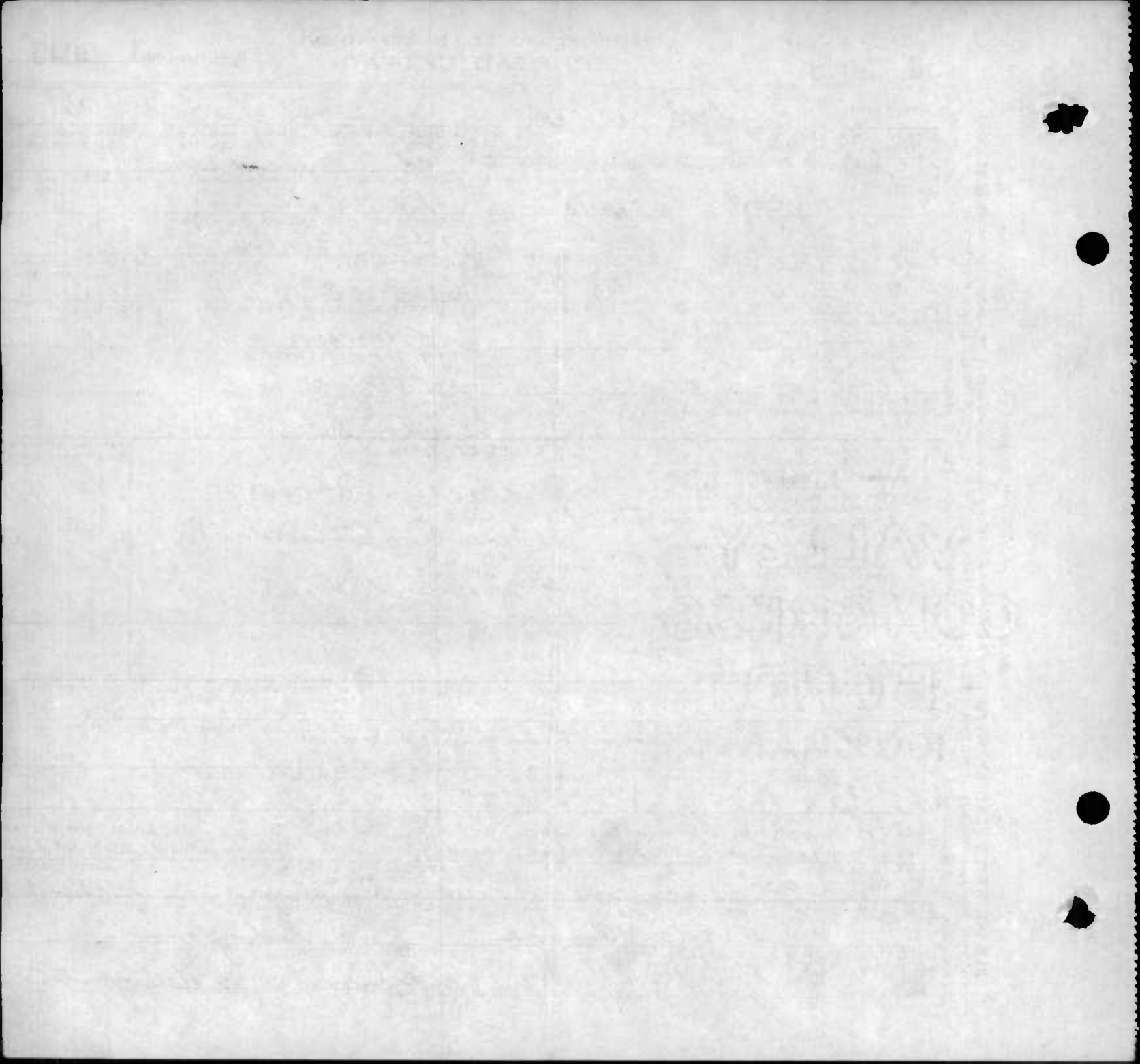
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A 235
53 5045BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5045

1. NAME OF DECEASED (Type or Print) <i>Elizabeth Action</i>			2. DATE OF DEATH <i>5-29-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Anne Arundel</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>38 University Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Edgewater</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>Rt 2 - Box 166</i> <i>5200</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>6-18-88</i>	9. AGE (In years last birthday) <i>64</i>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>
13. FATHER'S NAME <i>Christopher Barnes</i>			12. CITIZEN OF WHAT COUNTRY? <i>US</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Reuben Action</i>			ADDRESS <i>Edgewater Md.</i>		
18. <i>260x</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Thrombosis</i> DUE TO <i>Generalized Arteriosclerosis</i> (B) DUE TO <i>Diabetes Mellitus</i> (C)					INTERVAL BETWEEN ONSET AND DEATH <i>11 Days</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>None</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5-19</i> , 1952, to <i>5-29</i> , 1953, that I last saw the deceased alive on <i>5-29</i> , 1953, and that death occurred at <i>m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Paul G. Swisher Jr.</i>		23B. ADDRESS <i>University Hospital</i>		23C. DATE SIGNED <i>5-29-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>5-29-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Removal</i>	
24D. LOCATION (City, town, or county) (State) <i>Washington DC</i>					
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 30 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>The W. Chambers Co. Washington DC</i>	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5046

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

(John F. Heiligenstadt)

John F. Heinstadt

2. DATE
OF
DEATH

5/29/53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)
Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

b. COUNTY

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

d. STREET ADDRESS (If rural, give location)

1851 Harford Ave

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Dec. 17, 1881
12/17/81

9. AGE (In years last birthday)

71 73

10. Under 1 Year

Months: 5 Days: 12

11. Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Proprietor

10b. KIND OF BUSINESS OR INDUSTRY

Tavern

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

William Heinstadt

14. MOTHER'S MAIDEN NAME

Annie Carter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

None

216-32-6782

17. INFORMANT

ADDRESS

Mr. John J. Heinstadt-3020 Ailsa Ave

18. 154X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Metastatic Carcinoma

(B)

DUE TO

Reedesignated Carcinoma

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/28/53, 1953, to 5/29/53, 1953, that I last saw the deceased alive on 5/28, 1953, and that death occurred at 8:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE

Dr. Irving Kramer

M. D.

23b. ADDRESS

Sinai Hospital

23c. DATE SIGNED

5/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

June 2, 1953

24c. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24d. LOCATION (City, town, or county)

Edmondson Avenue, Balto: Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

George J. Ruth, Inc.-1735 Harford Avenue

ADDRESS

(Continued)

100.17.1001

VI

ALABAMA, 1910

ALABAMA, 1910

ALABAMA, 1910

ALABAMA, 1910

ALABAMA, 1910

ALABAMA, 1910

ALABAMA, 1910

53 5047

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5047
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH

A.

MC LAUGHLIN

2. DATE
OF
DEATH

May 29, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

701 Winston Ave.

c. Length of stay in Baltimore

about 40 Yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

April 27, 1894

9. AGE (In years last birthday)

59

If Under 1 Year
Months: Days

1

2

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Operator (retired)

10B. KIND OF BUSINESS OR INDUSTRY

Motion Picture

11. BIRTHPLACE (State or foreign country)

Philadelphia, Pa.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John McLaughlin

14. MOTHER'S MAIDEN NAME

Rose Devlin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)
None

16. SOCIAL SECURITY NO.

220-07-5758

17. INFORMANT

ADDRESS

Mrs. Jerome J. Neser - 701 Winston Ave.

18. E 812.4

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Traumatic Rupture of Aorta with Dissecting Hemorrhage of Mediastinum and Abdomen

ANTECEDENT CAUSES

(B) Multiple Fractures of Pelvis and Extremities

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

XXXXX

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

York Road and Winston Avenue

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

5/28/53 12:25 A.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by automobiles (2)

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wiles

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....23C. DATE SIGNED
5-29-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 1st. 1953

24C. NAME OF CEMETERY OR CREMATORY

Old Cathedral Cemetery

24D. LOCATION (City, town, or county)

Philadelphia, Pa.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

George J. Ruth, Inc. - 1735vHarford Avenue

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5048

K-530
53 5048
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 260X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 29, 1953, to May 29, 1953, that I last saw the deceased alive on May 29, 1953 and that death occurred at 4:00 pm., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

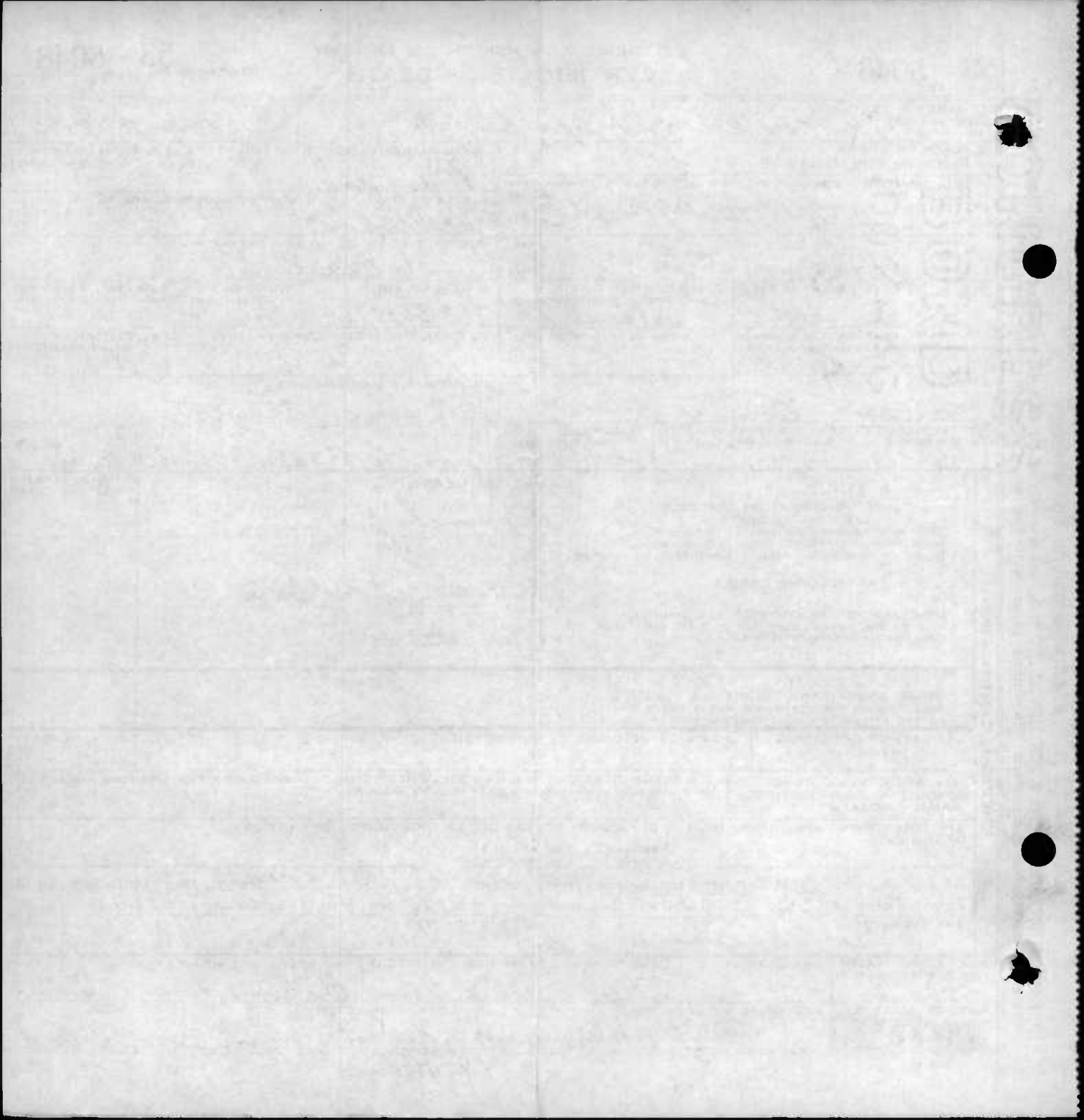
ADDRESS

VS 150

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5049

BIRTH NO. 53 5049

1. NAME OF DECEASED (Type or Print) HANCE L. GRIFFIN			2. DATE OF DEATH May 29, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Dorchester		
B. FULL NAME OF HOSPITAL OR INSTITUTION US Public Health Service Hospital Wyman Pk. Drive & 31st St.			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Crisfield		
c. Length of stay in Baltimore ? Yrs. Mos. Days			O. STREET ADDRESS (If rural, give location) Box 165 6900		
5. SEX M	6. COLOR OR RACE ool	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH 4/10/88	9. AGE (In years last birthday) 65	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10B. KIND OF BUSINESS OR INDUSTRY Self-employed	11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Asara Griffin			14. MOTHER'S MAIDEN NAME Mary E. Black		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		(If yes, give war or dates of service) WW I- ARMY	16. SOCIAL SECURITY NO. None		17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, Md.

18. 141X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Carcinoma tongue and floor of mouth DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 1 yr.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION May 29, 1953		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Apr. 6 , 19 53 , to May 29 , 19 53 that I last saw the deceased alive on May 29, 1953 and that death occurred at 12:10 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE D.W. Patrick		23B. ADDRESS US PHS Hospital, Balto, Md.		23C. DATE SIGNED 5/29/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-7-53		24C. NAME OF CEMETERY OR CREMATORY Griffiths Cemetery, Crisfield, Md	
24D. LOCATION (City, town, or county) (State) Crisfield, Md		25. FUNERAL DIRECTOR John P. Bradshaw		ADDRESS May St Crisfield, Md	
DATE RECEIVED BY LOCAL REGISTRAR May 30 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR John P. Bradshaw	

56424

STATE OF NEW YORK

CERTIFICATE OF DEATH

NAME OF DECEASED

AGE

DATE OF DEATH

PLACE OF DEATH

SEX

EDUCATION

RELIGION

CAUSE OF DEATH

DATE

TIME

PLACE

BY WHOM

DATE

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

SEX

DATE OF DEATH

CAUSE OF DEATH

EDUCATION

RELIGION

DATE OF DEATH

PLACE OF DEATH

BY WHOM

DATE

TIME

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PLACE

BY WHOM

DATE

TIME

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5050

P-456
53 5050

1. NAME OF DECEASED (Type or Print) <i>Charles W. Palmer</i>			2. DATE OF DEATH <i>5-28-1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY <i>ANNE ARUNDEL</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Agnes Hospital</i>			C. CITY OR TOWN <i>Baltimore</i> (If outside corporate limits, write RURAL and give township) <i>SUBURBAN</i>		
c. Length of stay in Baltimore <i>1</i>			D. STREET ADDRESS (If rural, give location) <i>Bell Grove Rd. 5645</i>		
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>Dec 28 1885</i>	9. AGE (in years last birthday) <i>67</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>			11. BIRTHPLACE (State or foreign country) <i>Wyom</i>		
13. FATHER'S NAME <i>Jacob Palmer</i>			14. MOTHER'S MAIDEN NAME <i>Mary</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Mrs. Catherine Palmer</i>			ADDRESS <i>5645 Belle Grove</i>		
18. <i>434.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>(A) Pulmonary edema</i> <i>(B) Cong. Heart Failure</i>			CAUSE OF DEATH <i>(A) Pulmonary edema</i> <i>(B) Cong. Heart Failure</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>May 26, 1953</i> , to <i>May 28, 1953</i> , that I last saw the deceased alive on <i>May 28, 1953</i> , and that death occurred at <i>9:45 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Benet N. Chata, M.D.</i>			23B. ADDRESS <i>St. Agnes' Hospital</i>		23C. DATE SIGNED <i>May 28 53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>JUNE 1 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>GLER HAVEN MEMPK</i>	
24D. LOCATION (City, town, or county) <i>ANNE ARUNDEL Co, Md</i>		24E. NAME OF FUNERAL DIRECTOR <i>George J. Gonce</i>		24F. ADDRESS <i>4001 Ritchie Hwy</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 30 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		FUNDING DIRECTOR'S SIGNATURE	

CERTIFICATE OF DEATH

1971

1971

DEPARTMENT OF HEALTH
STATE OF NEW YORK
ALBANY

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 5051

Registered No.

W-300
53 5051
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>William M. White</i>			2. DATE OF DEATH <i>29 May 53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>7013 Park Heights</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>81</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>7013 Park Heights</i>		
5. SEX <i>m</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>4 Feb 1872</i>	9. AGE (In years last birthday) <i>81</i>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Salesman</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Automobiles</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>William White</i>			14. MOTHER'S MAIDEN NAME <i>Anna Maria</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO.	17. INFORMANT <i>William H. Mayhew White</i>		
			ADDRESS <i>7 Englewood Baltimore Md</i>		
18. <i>I</i> <i>151X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of stomach</i> DUE TO <i>2 yrs.</i>			CAUSE OF DEATH <i>Carcinoma of stomach</i> INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs.</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>II</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(B) DUE TO (C)		
19A. DATE OF OPERATION <i>March 1953</i>		19B. MAJOR FINDINGS OF OPERATION <i>Inoperable Carcinoma of stomach</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Sept 1947</i> to <i>29 May 1953</i> , that I last saw the deceased alive on <i>28 May 1953</i> , and that death occurred at <i>2:20 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Paul H. Rouse</i>		23B. ADDRESS <i>Pikesville 8 Md</i>		23C. DATE SIGNED <i>29 May 53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>6/1/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Druid Ridge Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Pikesville, Md.</i>		25. FUNERAL DIRECTOR <i>Huntington Williams & Son</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 30 1953</i>		ADDRESS <i>Balto. 17, Md.</i>			

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

EX-100
COMMUNICATIONS
SECTION

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 5052

Registered No.

1. NAME OF DECEASED
(Type or Print)

MYRTLE BOTELER KEEFER

2. DATE
OF
DEATH

May 28, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

b. FULL NAME OF (If not in hospital or institution, give street address or location)

3528 Greenmount Ave.

c. CITY OR TOWN (If outside corporate limits write RURAL and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

3528 Greenmount Ave.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Aug. 25, 1892

9. AGE (In years last birthday)

60

10. Under 1 Year

Months Days

11. Under 24 Hours

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housemaker

10b. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Emanuel Boteler

14. MOTHER'S MAIDEN NAME

Emma Rohner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT ADDRESS
Mrs. Priscilla Ray - 3528 Greenmount Ave

18. 174X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma of uterus with metastases

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1950

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

Cancer of uterus

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19, to May 28, 1953, that I last saw the deceased alive on May 26, 1953 and that death occurred at 12 noon, from the causes and on the date stated above.

23A. SIGNATURE

Franklin E. Fiala

M. D.

23B. ADDRESS

2929 N. Charles St

23C. DATE SIGNED

May 29, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

5/30/53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county) (State)

Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAY 30 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Pickner & Sons

ADDRESS

Baltimore, Md.

Self, Baltimore physician and medical administrator, in each case, should be sure all other items are filled in, and that the information is correct.

DEATH CERTIFICATE

LOCAL CERTIFICATION

1. NAME OF DECEASED (Type in full)		2. PLACE OF DEATH Baltimore City, Maryland	
3. FULL NAME OF DECEASED (Type in full)		4. FULL NAME OF DECEASED (Type in full)	
5. SEX Male		6. COLOR OR RACE White	
7. DATE OF BIRTH 10-10-1900		8. DATE OF DEATH 10-10-1900	
9. STREET ADDRESS (If known, give number)		10. CITY OR TOWN	
11. COUNTY		12. STATE	
13. PAYMENT NAME John Jones		14. PAYMENT NAME John Jones	
15. WAS DECEASED EVER IN U.S. ARMY OR NAVY? (If yes, give date of service)		16. SOCIAL SECURITY NO.	
17. USUAL RESIDENCE (If known, give number)		18. USUAL RESIDENCE (If known, give number)	
19. CITY OR TOWN		20. COUNTY	
21. STATE		22. STATE	
23. DATE OF DEATH		24. DATE OF DEATH	
25. TIME OF DEATH		26. TIME OF DEATH	
27. PLACE OF DEATH		28. PLACE OF DEATH	
29. CAUSE OF DEATH		30. CAUSE OF DEATH	
31. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		32. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
33. ANTICIPATED CAUSE		34. ANTICIPATED CAUSE	
35. DISEASE OR CONDITION CONTINUING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		36. DISEASE OR CONDITION CONTINUING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	
37. DATE OF OPERATION		38. DATE OF OPERATION	
39. CONDITION FOR WHICH OPERATION WAS PERFORMED		40. CONDITION FOR WHICH OPERATION WAS PERFORMED	
41. ACCIDENT WAS INVOLVED IN DEATH OR CONTINUING CAUSE OF DEATH (If yes, give details)		42. ACCIDENT WAS INVOLVED IN DEATH OR CONTINUING CAUSE OF DEATH (If yes, give details)	
43. HOW DID INJURY OCCUR?		44. HOW DID INJURY OCCUR?	
45. I hereby certify that I attended the deceased from		46. I hereby certify that I attended the deceased from	
47. Date of death		48. Date of death	
49. Address		50. Address	
51. SIGNATURE		52. SIGNATURE	
53. NAME OF PHYSICIAN OR CREMATOR		54. NAME OF PHYSICIAN OR CREMATOR	
55. ADDRESS		56. ADDRESS	
57. CITY OR TOWN		58. CITY OR TOWN	
59. COUNTY		60. COUNTY	
61. STATE		62. STATE	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5053
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALICE R. BLINN

2. DATE
OF
DEATH

MAY 29, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

UNION MEMORIAL HOSP.

Life
Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE
MARYLANDB. COUNTY
BALTIMORE CITY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

12-02

D. STREET ADDRESS (If rural, give location)

3401 GREENWAY APT 1D

10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired)

At home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JAMES R. RICHARDS

14. MOTHER'S MAIDEN NAME

ALICE WILSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

HARRY M. BLINN

ADDRESS

SAME

18. 464x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) MULTIPLE PULMONARY
INFARCTIONS

4 wks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) PULMONARY EMBOLI
IDIOPATHIC, BILATERAL
THROMBOPHLEBITIS

7 wks

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from MAY 4, 1953, to MAY 29, 1953, that I last saw the deceased alive on MAY 29, 1953, and that death occurred at 3:50 A. M., from the causes and on the date stated above.

23A. SIGNATURE

E. E. Trunnell Jr.

M. D.

23B. ADDRESS

UNION MEMORIAL HOSP.

23C. DATE SIGNED

MAY 29, '53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/1/53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery

24D. LOCATION (City, town, or county)

Pikesville, Maryland.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

H. W. Williams, Jr. 805 N. Calvert St.

MAY 30 1953

THE RIGHT OF DEATH

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THE RIGHT OF DEATH

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-400
CCG 170155
53 5054
BIRTH NO. 5054

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 5054**

1. NAME OF DECEASED (Type or Print) Coley, Green Phillip		2. DATE OF DEATH May 30, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern, Ave.,		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 12 Yrs.		D. STREET ADDRESS (If rural, give location) 1826 Etting, St.,	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 3-22-1936
10A. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) School Boy		9. AGE (In years last birthday) 17 yrs.	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) North Carolina	
13. FATHER'S NAME John Coley		12. CITIZEN OF WHAT COUNTRY?	
14. MOTHER'S MAIDEN NAME Viola Phillip		17. INFORMANT ADDRESS Records: B. H. C. 4940 Eastern, Ave.,	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
18. 592x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic Glomerulonephritis DUE TO ANTECEDENT CAUSES Uremia DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-7-53 , 19__, to 5-30- , 19 53 that I last saw the deceased alive on 5-30- , 19 53 , and that death occurred at 9: A. m. , from the causes and on the date stated above.			
23A. SIGNATURE <i>H. J. Green</i>		23B. ADDRESS 4940 Eastern Ave. Balto. Md.	
23C. DATE SIGNED May 30, 1953			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-2-53	
24C. NAME OF CEMETERY OR CREMATORY Brount Farm		24D. LOCATION (City, town, or county) (State) Rocky Mount N.C.	
DATE RECEIVED BY LOCAL REGISTRAR MAY 30 1953		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
25. FUNERAL DIRECTOR <i>Samuel W. Sullivan</i>		ADDRESS 1011 N. Arlington Ave	

VS 150

RECEIVED BY THE OFFICE OF THE SECRETARY OF THE ARMY
WASHINGTON, D. C.

DATE: 10/10/1918

TO: THE SECRETARY OF THE ARMY
FROM: THE CHIEF OF THE BUREAU OF MILITARY AERONAUTICS

SUBJECT: REPORT OF THE CHIEF OF THE BUREAU OF MILITARY AERONAUTICS
ON THE PROGRESS OF THE WORK OF THE BUREAU DURING THE YEAR 1918

1. The Bureau of Military Aeronautics has during the year 1918, been engaged in the study of the problems connected with the development of military aviation.

2. The work of the Bureau has been directed towards the solution of the following problems:

(a) The development of the military aircraft.

(b) The improvement of the methods of instruction of military aviators.

(c) The improvement of the methods of operation of military aircraft.

(d) The improvement of the methods of maintenance of military aircraft.

(e) The improvement of the methods of transport of military aircraft.

(f) The improvement of the methods of communication between military aviators.

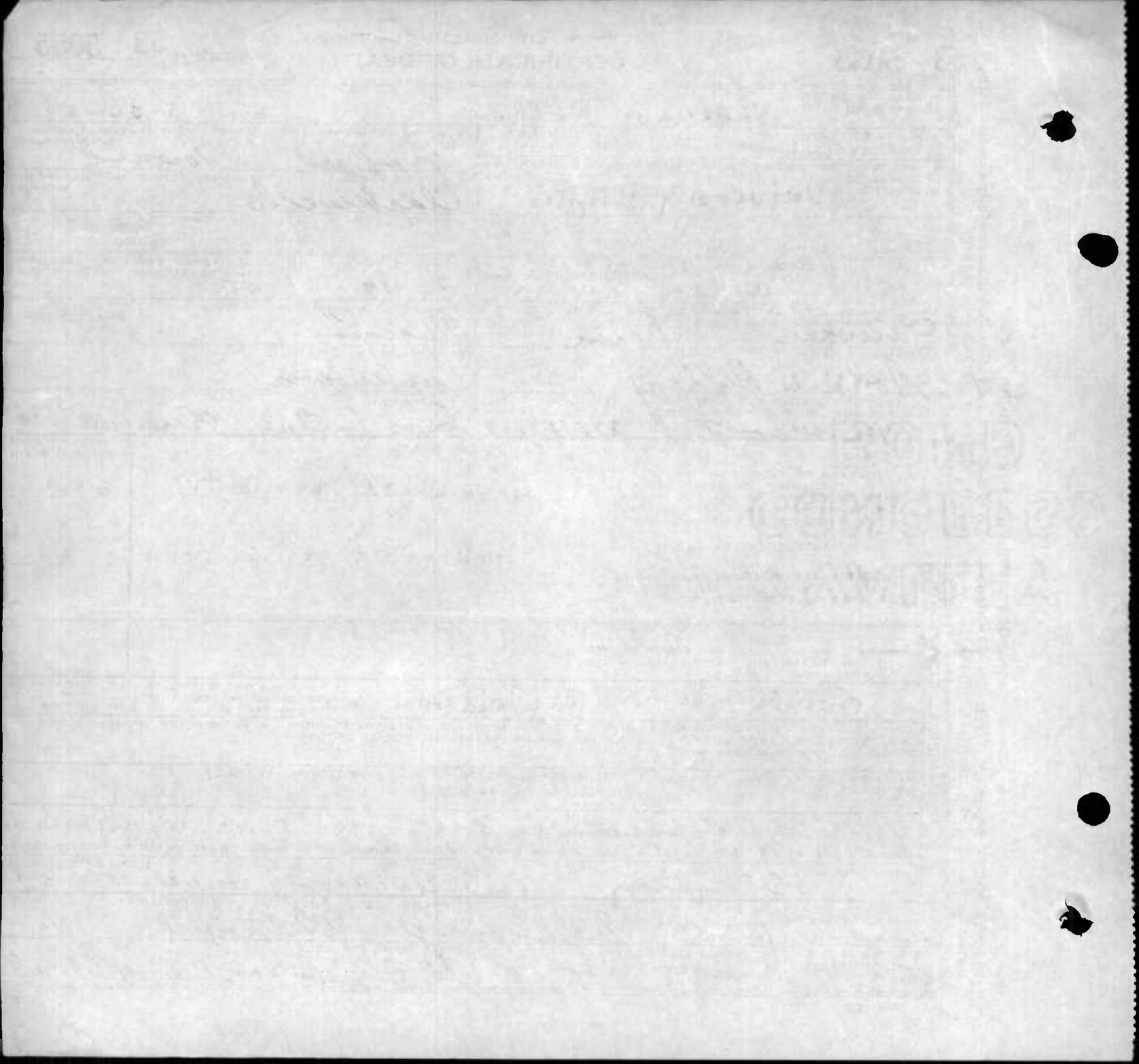
(g) The improvement of the methods of observation from military aircraft.

(h) The improvement of the methods of attack from military aircraft.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. <u>53 5055</u>	
1. NAME OF DECEASED (Type or Print) <u>Sherman Riffey</u>			2. DATE OF DEATH <u>5-30-53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Howard</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>University Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Clarksville</u>		
c. Length of stay in Baltimore Yrs. <u>3</u> Mos. <u>4</u> Days <u>00</u>			D. STREET ADDRESS (If rural, give location) <u>6300</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>? 1913</u>	9. AGE (In years last birthday) <u>40</u>	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Virginia</u>	
13. FATHER'S NAME <u>John A. Riffey</u>			14. MOTHER'S MAIDEN NAME <u>unknown</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) <u>Yes w w 2</u>		16. SOCIAL SECURITY NO. <u>225-18-9137</u>		17. INFORMANT ADDRESS <u>Louise Arthur Clarksville Md</u>	
18. <u>540.1</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <u>Generalized peritonitis</u> DUE TO (B) <u>Perforated gastric ulcer</u> DUE TO (C) <u></u> INTERVAL BETWEEN ONSET AND DEATH <u>@ 5 days</u>			II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <u>5-25-53</u>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <u>Perforated gastric ulcer</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>5-25</u> , 1953, to <u>5-30</u> , 1953, that I last saw the deceased alive on <u>5-30</u> , 1953, and that death occurred at <u>3:35 a.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>G. Rammey</u>			23B. ADDRESS <u>University Hospital</u>		23C. DATE SIGNED <u>5-30-53</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>6-3-53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Sulphur Springs</u>	
24D. LOCATION (City, town, or county) (State) <u>Chillhowie Va</u>		24E. NAME OF CEMETERY OR CREMATORY <u>Chillhowie</u>		24F. LOCATION (City, town, or county) (State) <u>Chillhowie Va</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>May 30 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington</u>		25. FUNERAL DIRECTOR ADDRESS <u>W. C. Bligh 1000 E. Enoch City Md</u>	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 5056

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. *Index*1. NAME OF DECEASED
(Type or Print) *Laniya Vickens*2. DATE
OF
DEATH *May 29, 1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *HLH & E.*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *md.*B. COUNTY *Harford*B. FULL NAME OF
HOSPITAL OR
INSTITUTION*JOHNS HOPKINS HOSPITAL*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Forest Hills

D. STREET ADDRESS (if rural, give location)

C/O Mr. R. C. Kreidler

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*single*

8. DATE OF BIRTH

*5-24-53*9. AGE (In years
last birthday)If Under 1 Year
Months: Days*5*If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Harford Co., Md.*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert Vickens

14. MOTHER'S MAIDEN NAME

*Lena Rindolt*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

*JOHNS HOPKINS HOSPITAL*18. *756.2*DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

Congenital esophageal atresia(A) *with tracheo-esophageal fistula*
DUE TO *also prematurity*

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *5-26*, 1953, to *5-29*, 1953, that I last saw the
deceased alive on *5-29*, 1953, and that death occurred at *3:55 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

Arington M.

M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

*5/30/53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*BURIAL*

24B. DATE

5-31-53

24C. NAME OF CEMETERY OR CREMATORY

St. Marys

24D. LOCATION (City, town, or county)

PLESVILLE

(State)

*Md.*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

May 31 1953
John H. Harkins, Delton, Pa.

VS 150

10 11

THE UNIVERSITY OF CHICAGO
LIBRARY

10 11

Chicago, Illinois

Dear Sir,
I have the honor to acknowledge the receipt of your letter of the 10th inst. and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

I am, Sir, very respectfully,
Your obedient servant,
J. H. [Signature]

Very truly yours,
J. H. [Signature]

Enclosed for you are the papers referred to in my letter of the 10th inst.

I am, Sir, very respectfully,
Your obedient servant,
J. H. [Signature]

I am, Sir, very respectfully,
Your obedient servant,
J. H. [Signature]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 5057
Registered No. _____

ADDRESS

VS 150

3. IN RECS

1944

1945

1946

1947

IND

OR

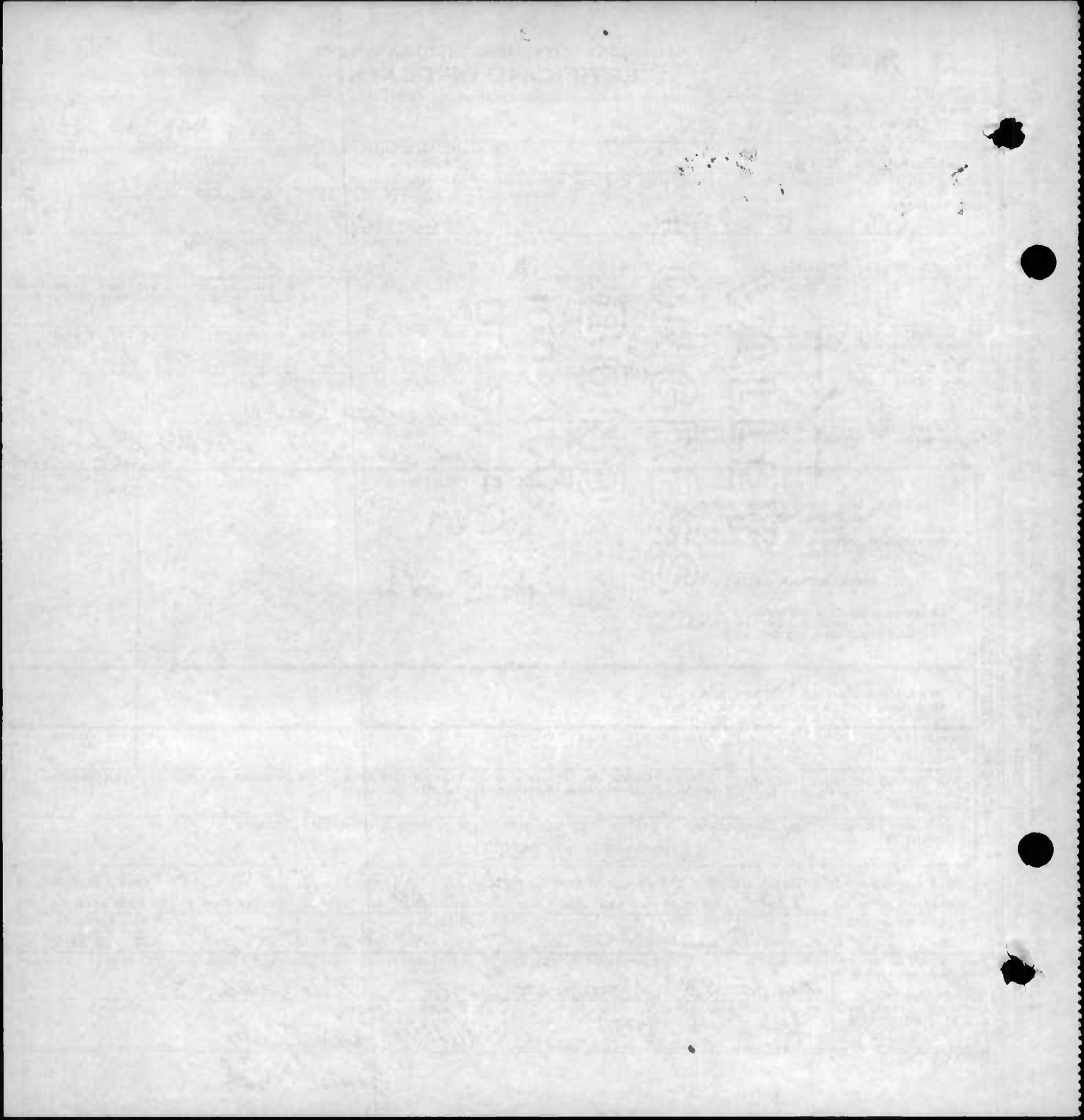
S. A.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F. 656		BALTIMORE CITY HEALTH DEPARTMENT		53 5058	
53 5058		CERTIFICATE OF DEATH		Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		FARMER, HELEN		MAY 30, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel			
B. FULL NAME OF HOSPITAL OR INSTITUTION SINAI HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Harwood Park			
c. Length of stay in Baltimore 6 wks		D. STREET ADDRESS (If rural, give location) 2108 Forrest Ave. 5200			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 2-2-03	9. AGE (In years last birthday) 50	10 Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Newcastle, Pa.	
13. FATHER'S NAME Joseph Blue		14. MOTHER'S MAIDEN NAME Belinda Baker			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Fred Farmer Jr. 2108 Forrest Ave. Harwood Park Md.	
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CVA		INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. HASCVD					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/13, 1953, to 5/30, 1953, that I last saw the deceased alive on 5/30, 1953, and that death occurred at 4P m., from the causes and on the date stated above.					
23A. SIGNATURE Richard A. Sindle		23B. ADDRESS 714 N. Broadway		23C. DATE SIGNED 5/30/53	
24A. BURIAL CREMATION REMOVAL (Specify) Burial		24B. DATE May 30 - 53		24C. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	
24D. LOCATION (City, town, or county) (State) New Castle, Pa.		25. FLUNERAL DIRECTOR Huntington Williams, M.D. 1610 North Howard St. Laurel, Md.			
DATE RECEIVED BY LOCAL REGISTRAR MAY 31 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			
VS 150					



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 5059**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELIZABETH HEYMANN

2. DATE
OF
DEATH

MAY 30, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

b. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR
INSTITUTION

3824 NORFOLK AVE

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTO.

15-09

d. STREET ADDRESS (If rural, give location)

4138 WOODHAVEN AVE.

c. Length of stay in Baltimore

3

Yrs.

Mos.

Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

MARCH 8, 1898

9. AGE (In years
last birthday)

55

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

GERMANY

12. CITIZEN OF
WHAT COUNTRY?

GERMANY

13. FATHER'S NAME

NOT KNOWN

14. MOTHER'S MAIDEN NAME

ANNA

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

EVA BOBER - 4138 WOODHAVEN AVE

18. **156.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of Liver

INTERVAL BETWEEN
ONSET AND DEATH

3 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

Carcinoma of Liver

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐

AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **MARCH 1952** to **MAY 30, 1953**, that I last saw the
deceased alive on **5-30, 1953**, and that death occurred at **12:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE

M. W. JACOBSON

23b. ADDRESS

2310 EUTAW PLACE

23c. DATE SIGNED

5-30-53

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24b. DATE

MAY 31, 1953

24c. NAME OF CEMETERY OR CREMATORY

SOUTHERN AVE

24d. LOCATION (City, town, or county)

BALTO.

(State)

MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Wilson

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis Inc - 2100 Eutaw Pl.

VS 150

MARGIN RESERVED FOR BINDING

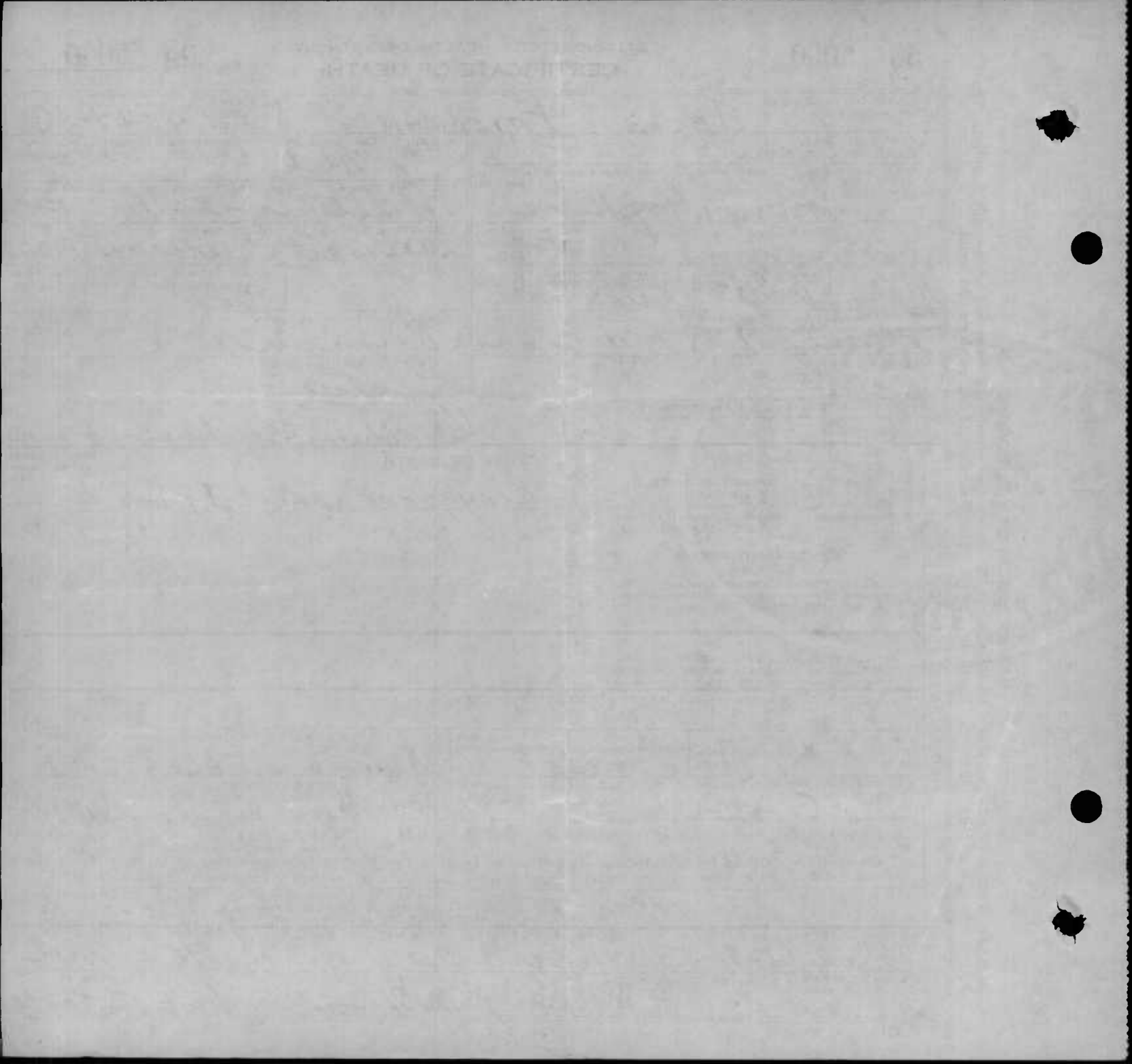
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The
correctness is especially important. Physicians: please write the causes of death clearly and legibly.

Jacobson
2310 Eutaw Pl
Ra 2325

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. <u>53 5060</u>	
BIRTH NO. <u>F-635</u> <u>53 5060</u>					
1. NAME OF DECEASED (Type or Print) <u>JACOB FRIEDMAN</u>			2. DATE OF DEATH <u>5-29-53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Md</u> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Johns Hopkins</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 6-02</u>		
c. Length of stay in Baltimore <u>50</u> Yrs. <u>50</u> Mos. <u>50</u> Days			D. STREET ADDRESS (If rural, give location) <u>2412 East Fairmount Ave</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH	9. AGE (In years last birthday) <u>73</u>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Dry Goods</u>		
11. BIRTHPLACE (State or foreign country) <u>Russia</u>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <u>Lieber</u>			14. MOTHER'S MAIDEN NAME <u>Genta</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Bertha Friedman - same</u>			ADDRESS		
18. <u>E812.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>CRANIO CEREBRAL INJURY</u>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>STREET</u>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>MONFORD & ORLEANS STS.</u>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>5-28-53 4P</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>Pedestrian hit by auto truck</u>	
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <u>R. Fisher</u>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <u>5-30-53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>5-31-53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Rosedale</u>	
24D. LOCATION (City, town, or county) (State) <u>Balto Md</u>		24E. FUNERAL DIRECTOR <u>H. E. Fisher</u>		24F. ADDRESS <u>2100 East Ave</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 31 1953</u>					
REGISTRAR'S SIGNATURE <u>H. E. Fisher</u>					
V-S 151 <u>N 856.2</u> <u>2906A</u>					



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4-160

53 5061

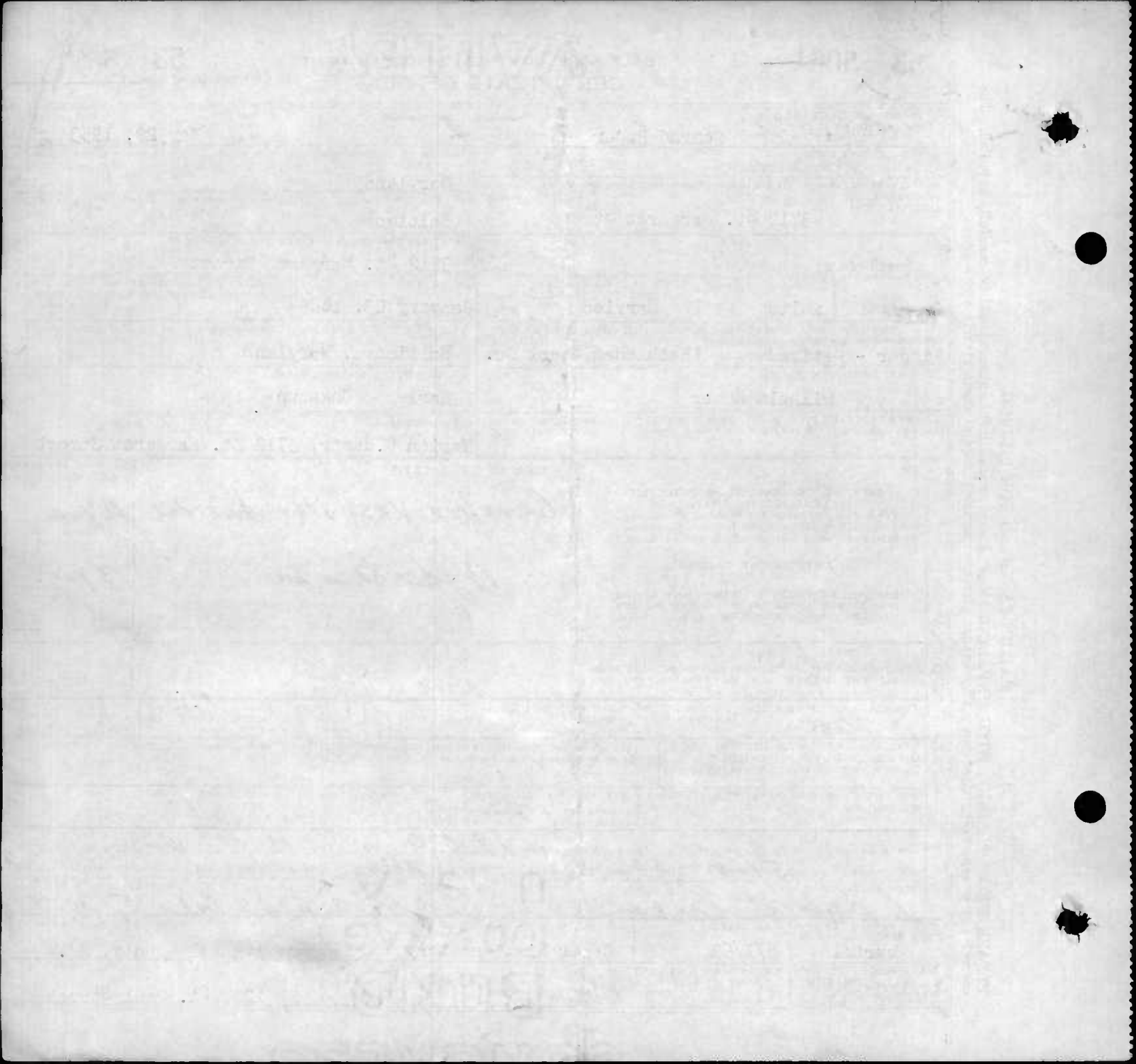
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 5061
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Conrad Huber		May 29, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE			
3712 St. Margaret Street		Maryland			
C. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
Yrs. Mos. Days		Baltimore 25-05			
5. SEX		6. COLOR OR RACE		D. STREET ADDRESS (If rural, give location)	
Male		white		3712 St. Margaret Street	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)	
Married		January 23, 1889		64	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Rigger - Retired		Bethlehem Steel Co.		Baltimore, Maryland	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
Wilhelm Huber		Marie Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
				Marion C. Huber, 3712 St. Margaret Street	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) Cerebro Vascular Accident		2 yrs.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Hypertension		3 yrs.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		None			
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
None					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1950 to May, 1953, that I last saw the deceased alive on 5/20, 1953, and that death occurred at 8:30 a. m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Emmett Green		Med Arts Bldg 9 Bk 4		5/30/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
burial		6/1/53		Cedar Hill Cemetery	
24D. LOCATION (City, town or county) (State)		24E. NAME OF CEMETERY OR CREMATORY		24F. LOCATION (City, town or county) (State)	
Anne Arundel County, Md.		Cedar Hill Cemetery		Anne Arundel County, Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
May 31 1953		Huntington Williams, Jr.		St. John's Inc., 1217 St. Paul Street	

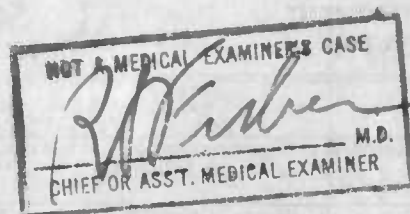
VS 150

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 5062**BIRTH NO. **53 5062**

1. NAME OF DECEASED (Type or Print) ABRAHAM ROSENBERG			2. DATE OF DEATH MAY 29, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-13		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 2633 Loyola Northway		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 38		9. AGE (In years last birthday) 38 Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work, covering most of working life, even if retired) Store Manager		10B. KIND OF BUSINESS OR INDUSTRY Ready to wear	11. BIRTH PLACE (State or foreign country) Baltimore Md		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Samuel			14. MOTHER'S MAIDEN NAME Ann		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Bertha Rosenberg - same		
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH several minutes	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic Heart Disease		(B) DUE TO			
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1946 , to May 29, 1953 , that I last saw the deceased alive on April 1953 , and that death occurred at 8:40 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Samuel V. Gumpel		23B. ADDRESS 3600 Park Heights Ave		23C. DATE SIGNED May 29, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 5-31-53		24C. NAME OF CEMETERY OR CREMATORY Rosedale	
24D. LOCATION (City, town, or county) (State) Balto Md		25. FUNERAL DIRECTOR Huntington 5141		ADDRESS 2100 Sutter Pl	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 5063**

53 5063

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DR. DAVID TENNER

2. DATE
OF
DEATH

May 30, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3505 ELLAMONT RD

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

3505 ELLAMONT RD

c. Length of stay in Baltimore

47

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

MARCH 1, 1905

9. AGE (In years last birthday)

48

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Physician

10B. KIND OF BUSINESS OR INDUSTRY

MEDICAL

11. BIRTHPLACE (State or foreign country)

RUSSIA

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

MAX TENNER

14. MOTHER'S MAIDEN NAME

KATE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

SARAH TENNER - 3505 ELLAMONT RD

18. **420.1**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Coronary Thrombosis

(B)

DUE TO

Hypertension arterial

(C)

INTERVAL BETWEEN ONSET AND DEATH

2 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **May 29, 1953** to **May 30, 1953** that I last saw the deceased alive on **May 29, 1953** and that death occurred at **5:00 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Louis Kruse

M. D.

23B. ADDRESS

116 Chase St

23C. DATE SIGNED

3/30/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

May 31, 1953

24C. NAME OF CEMETERY OR CREMATORY

BETH TFILOY

24D. LOCATION (City, town, or county)

BALTO.

(State)

MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Walter Lewis Inc - 2100 Eutan Pl

WALTER
JACKSON
JAN 1910

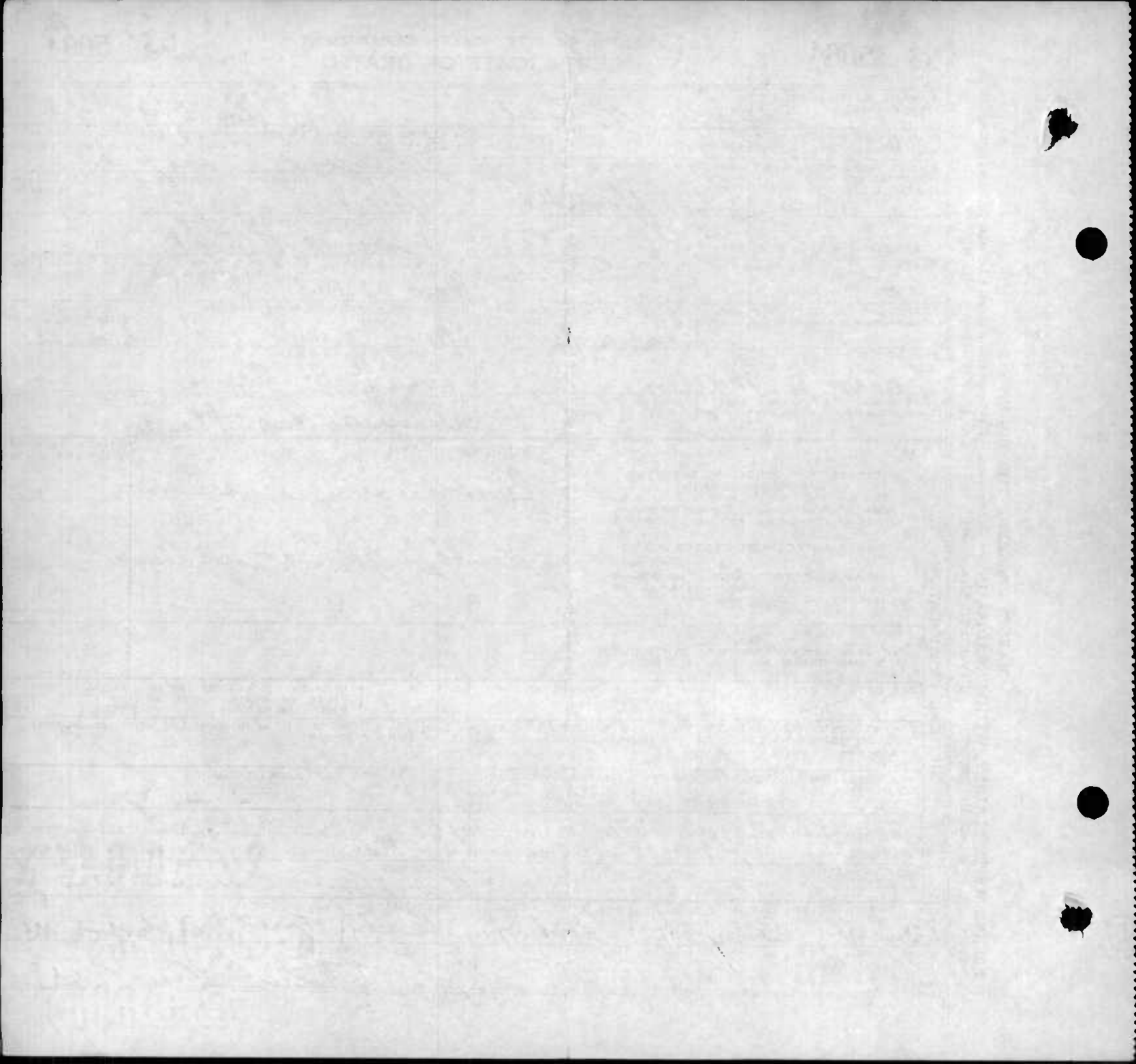
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5064

BIRTH NO. 53 5064		1. NAME OF DECEASED (Type or Print) <i>Adelaide M. Bull</i>		2. DATE OF DEATH <i>5/29/53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Harford</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>38 University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Belair</i>			
c. Length of stay in Baltimore <i>17</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>Moore's Mill Road 6200</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>March 23, 1869</i>	9. AGE (In years last birthday) <i>84</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>Homemaker</i>	11. BIRTHPLACE (State or foreign country) <i>New Jersey</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
13. FATHER'S NAME <i>Ransom D. Mattoon</i>		14. MOTHER'S MAIDEN NAME <i>Harriett E. Carlan</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>0</i>	17. INFORMANT ADDRESS <i>University Hospital Records</i>		
18. <i>204.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Cerebro-vascular accident</i> DUE TO (B) <i>Acute Myeloid Leukemia</i> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5/20</i> 19 <i>53</i> , to <i>5/29</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>5/29</i> , 19 <i>53</i> , and that death occurred at <i>2:40</i> a. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>L. W. Elgin, Jr.</i>		23B. ADDRESS <i>University Hospital</i>		23C. DATE SIGNED <i>5/29/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24B. DATE <i>May 3/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Rock Spring Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Front Hill Harford Md</i>					
DATE RECEIVED BY LOCAL REGISTRAR <i>MAY 31 1953</i>		REGISTRAR'S SIGNATURE <i>Harriet W. Elgin, Jr.</i>		FUNERAL DIRECTOR ADDRESS <i>7 Foster Bellan Md</i>	
VS 150					



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				53 5065	
CERTIFICATE OF DEATH				Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)				2. DATE OF DEATH	
Lillie May Merkel				5/31/53	
3. PLACE OF DEATH: a. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. FULL NAME OF HOSPITAL OR INSTITUTION				a. STATE	
38 University Hospital				Md.	
c. Length of stay in Baltimore				b. COUNTY	
33 Days				Balto	
5. SEX				c. CITY OR TOWN	
Female				Glyndon	
6. COLOR OR RACE				d. STREET ADDRESS (If rural, give location)	
White				7 Central Ave. 5300	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)				8. DATE OF BIRTH	
MARRIED				1/2/1880	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				9. AGE (in years last birthday)	
Housewife				73	
10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country)	
				Maryland	
13. FATHER'S NAME				12. CITIZEN OF WHAT COUNTRY?	
Phillip H. Gain				U.S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)				14. MOTHER'S MAIDEN NAME	
(If yes, give war or dates of service)				Mary C. Stalling	
16. SOCIAL SECURITY NO.				17. INFORMANT ADDRESS	
18. 154X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				CAUSE OF DEATH	
				Abdomino-perineal resection	
ANTECEDENT CAUSES				25 days	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				(A) Carcinomatosis	
				(B) Adenocarcinoma of Rectum	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY?	
5/6/53		Adenocarcinoma of Rectum		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/28/53, 19__, to 5/31/53, 19__, that I last saw the deceased alive on 5/31/53, 19__, and that death occurred at 4:15 A.M., from the causes and on the date stated above.					
23a. SIGNATURE		23b. ADDRESS		23c. DATE SIGNED	
George H. Smith		University Hospital		5/31/53	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY	
Burial		6-3-53		Asbury	
24d. LOCATION (City, town, or county) (State)		24e. NAME OF CEMETERY OR CREMATORY		24f. LOCATION (City, town, or county) (State)	
Reisterstown Md		Reisterstown Md		Reisterstown Md	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
MAY 31 1953		Huntington Williams, Md.		J.F. Elmer & Sons Reisterstown	
VS 150					



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5066

BIRTH NO. 53 5066

1. NAME OF DECEASED
(Type or Print)

EDGAR M. BROCKIE

2. DATE
OF
DEATH

5/29/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Home + Hospital

C. Length of stay in Baltimore

60

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-09

D. STREET ADDRESS (If rural, give location)

2115 Lyndhurst St.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

July 10, 1876

9. AGE (In years
last birthday)

76

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Painter, Retired

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Canada

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Brockie

14. MOTHER'S MAIDEN NAME

Mary Husband

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Home + Hospital

18. 541.0

DISEASE OR CONDIION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.INTERVAL BETWEEN
ONSET AND DEATH

13 days

3 yrs +

II
OTHER SIGNIFICANT CONDIIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Generalized arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE OLD INJURY OCCUR?
(If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK☐NOT WHILE
AT WORK☐22. I hereby certify that I attended the deceased from 5/22, 1953, to 5/29, 1953, that I last saw the
deceased alive on 5/28, 1953, and that death occurred at 1:25 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Edward F. Dawson

23B. ADDRESS

Home + Hospital

23C. DATE SIGNED

5/29/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-1-1953

24C. NAME OF CEMETERY OR CREMATORY

Western

24D. LOCATION (City, town, or county)

Baltimore,

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

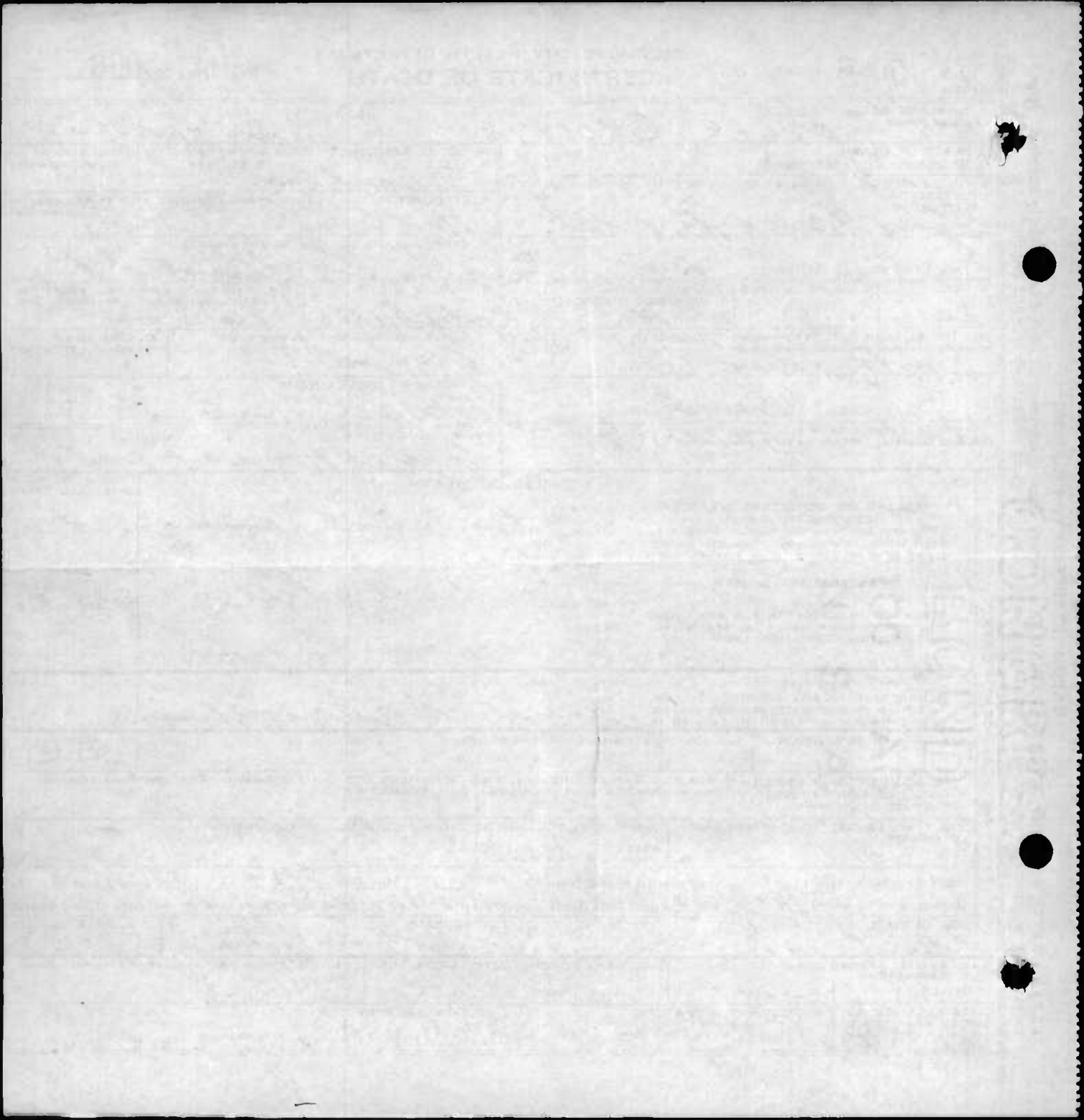
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

E. Howard Strong 3207 W. North Ave.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 5067
Registered No. 5067

53 5067
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Eleanora E. Kriel</u>			2. DATE OF DEATH <u>May 29, 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>3042 St. Paul St.,</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>12-02</u>		
c. Length of stay in Baltimore <u>life</u> Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <u>3042 St. Paul St.,</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Feb. 13, 1864</u>	9. AGE (In years last birthday) <u>89</u>	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10B. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) <u>Md.</u>		12. CITIZEN OF WHAT COUNTRY? ---
13. FATHER'S NAME <u>Charles G. Kriel</u>			14. MOTHER'S MAIDEN NAME <u>Hannah E. Schumacher</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT ADDRESS <u>Andrew G. Kriel 4403 Maine Ave.,</u>		

18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Ischemic occlusion - sudden</u>		(A) _____ DUE TO
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Arterio sclerosis, & hypertension 5 yrs</u>		(B) _____ DUE TO
		(C) _____ DUE TO
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>April 3, 1937</u> , to <u>May 29, 1953</u> , that I last saw the deceased alive on <u>May 28, 1953</u> , and that death occurred at <u>7:15 p.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>John A. Lutscher</u> M. D.		23B. ADDRESS <u>12 E. Eager St - Balto Md</u>		23C. DATE SIGNED <u>May 30/53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>6-1-1953</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Loudon Park</u>	
24D. LOCATION (City, town, or county) <u>Baltimore, Md.</u>		25. FUNERAL DIRECTOR ADDRESS <u>Howard Strong 3207 W. North Ave.,</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 31 1953</u>		REGISTRAR'S SIGNATURE <u>William H. Strong</u>			

Dr. John A. Luetscher
12 E. Eagle St.

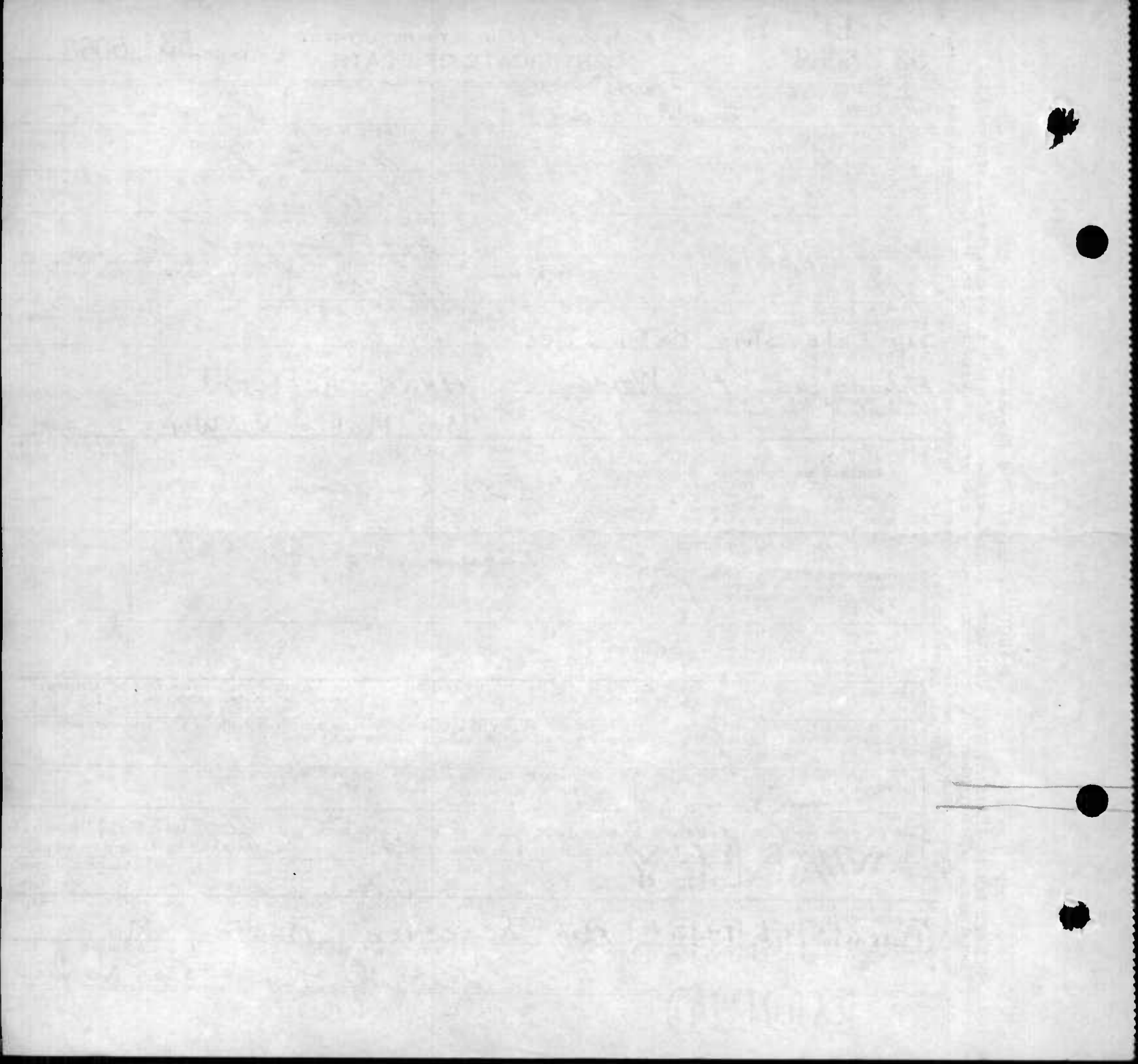
MO 5-0866

200 Pm

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				Registered No. 53 5068	
CERTIFICATE OF DEATH					
BIRTH NO. 53 5068		NAME OF DECEASED Robert Paul Weiss			
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH 5/29/53			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-03			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 5225 Harford Rd.			
5. SEX M	6. COLOR OR RACE W	7. SINGLE (MARRIED) WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 1/24/05	9. AGE (In years last birthday) 48	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sup-Cold Strip		10B. KIND OF BUSINESS OR INDUSTRY Beth. Steel		11. BIRTHPLACE (State or foreign country) W. Va.	
13. FATHER'S NAME Housious H. Weiss		14. MOTHER'S MAIDEN NAME Anna Robrecht		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs Mable M. Weiss - SAME ADDRESS	
18. 411X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) Calific Aortic Stenosis			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Rheumatic Heart Dis.			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/19, 1953, to 5/29, 1953, that I last saw the deceased alive on 5/29, 1953, and that death occurred at 9:40 am., from the causes and on the date stated above.					
23A. SIGNATURE L. Welgin, Jr.		23B. ADDRESS University Hosp.		23C. DATE SIGNED 5/29/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-1-53		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) BALTO		24E. LOCATION (State) Md			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR Leonard J. Ruck 5305 Maryland	
VS 150 2903A					



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3-650

53 5069
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 5069
Registered No.

1. NAME OF DECEASED (Type or Print) Elston L. Brown			2. DATE OF DEATH May 29, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Baltimore Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2801 Kildaire Drive			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-07		
c. Length of stay in Baltimore 67 yrs Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2801 Kildaire Drive		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4/17, 1886	9. AGE (In years last birthday) 67	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Payroll Clerk			10B. KIND OF BUSINESS OR PATAPSCO Railroad - Back River		11. BIRTHPLACE (State or foreign country) Queen Ann Co
13. FATHER'S NAME J. Thomas Brown			14. MOTHER'S MAIDEN NAME Nora Eaton		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Mary Brown, 2801 Kildaire Drive
18. 162x CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bruchogenic carcinoma DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. INTERVAL BETWEEN ONSET AND DEATH 5 months					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 1952 to May 28, 1953 that I last saw the deceased alive on May 28, 1953 , and that death occurred at 5:30 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE George S. Dalton		23B. ADDRESS 1101 St. Paul St.		23C. DATE SIGNED May 30, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/1/53		24C. NAME OF CEMETERY OR CREMATORY Parkwood	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR Leonard A. Ruck ADDRESS 5305 Harford Road			
DATE RECEIVED BY LOCAL REGISTRAR MAY 31 1953		REGISTRAR'S SIGNATURE Huntington Williams			

VS 150

390-50

Dr. Supplee
1014 St. Paul

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

53 5070

53 5070

1. PLACE OF DEATH - COUNTY <u>716 Crossham Ave</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>md</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Baltimore</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Baltimore</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Home</u>		STREET ADDRESS (If rural, give location) <u>716 Crossham Ave</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>LILY</u>	(Middle) <u>SMITH</u>	(Last) <u>TYLER</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Feb 10 1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE last b. <u>73</u> yrs.	4. DATE OF DEATH <u>MAY 30 1953</u>
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>George D. Weems</u>		14. MOTHER'S MAIDEN NAME <u>Mary D. Todd</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT <u>Emerson Taylor, 716 Crossham Ave</u>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>CEREBRAL HEMORRHAGE</u>			<u>10 days.</u>
Antecedent cause(s) (b) <u>ARTERIOSCLEROSIS, General & Cerebral.</u>			<u>10 yrs.</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>SENILITY</u>			<u>10 yrs.</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>NONE</u>			
19a. DATE OF OPERATION <u>NONE</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

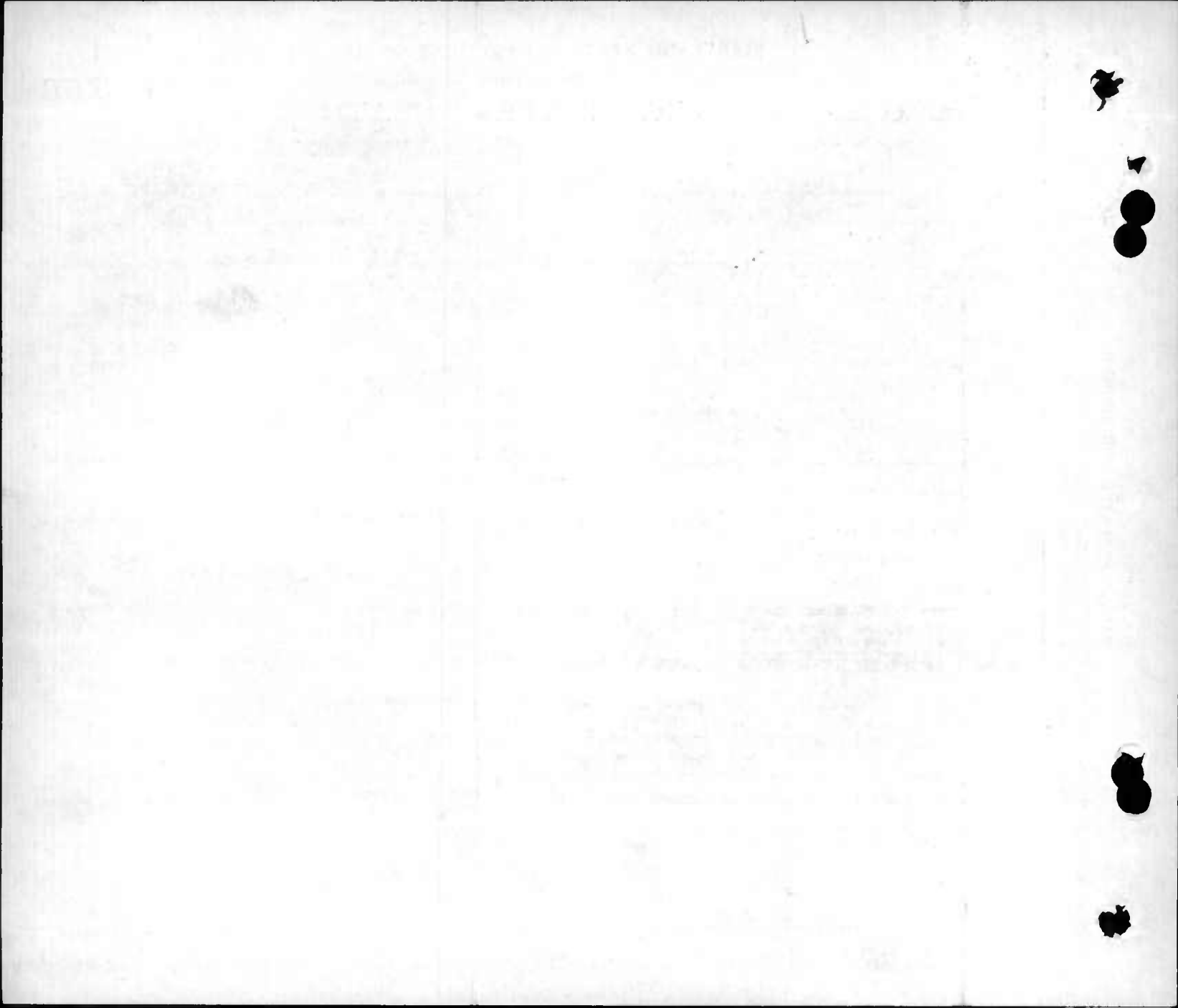
22. I hereby certify that I attended the deceased from Jan 25th 1947, to May 30th 1953, that I last saw the deceased alive on May 29th 1953, and that death occurred at 1:00 A. m., from the causes and on the date stated above.

SIGNATURE A.S. Chaffin ADDRESS 6210 YORK ROAD, Baltimore 12 Md. May 29 53 DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>6/3/53</u>	NAME OF CEMETERY OR CREMATORY <u>Bowman</u>	LOCATION (City, town, or county) <u>Baltimore, Md.</u>
DATE REC'D BY LOCAL REG. <u>MAY 31 1953</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	24. FUNERAL DIRECTOR <u>Edward D. Williams</u>	ADDRESS <u>2503 Edmond</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 5071BIRTH NO. 53 5071
23-10603

1. NAME OF DECEASED (Type or Print) <u>Baby Dow</u>		2. DATE OF DEATH <u>5/12/53</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore</u>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>Anne Arundel</u>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u> <u>730 Ashburton St</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore, Md (Glen Burnie)</u>	
C. Length of stay in Baltimore <u>1</u> Yrs. Mos. Days <u>1</u>		D. STREET ADDRESS (If rural, give location) <u>Box 125A Marley Rd</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>—</u>	8. DATE OF BIRTH <u>5/12/53</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>—</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>—</u>	9. AGE (In years last birthday) <u>New born</u> If Under 1 Year Months: Days: If Under 24 Hours Hours: Min. <u>30</u>
13. FATHER'S NAME <u>James Dow</u>		14. MOTHER'S MAIDEN NAME <u>Dorothy Webber</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>—</u> (If yes, give war or dates of service) <u>—</u>		17. INFORMANT <u>Mother</u> ADDRESS <u>125A Marley Rd Glen Burnie</u>	
16. SOCIAL SECURITY NO. <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>BALTO, Md.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>—</u>		18. <u>760.0</u> CAUSE OF DEATH	

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(A) Spasms of labor +
DUE TO birth (tentorial tear)

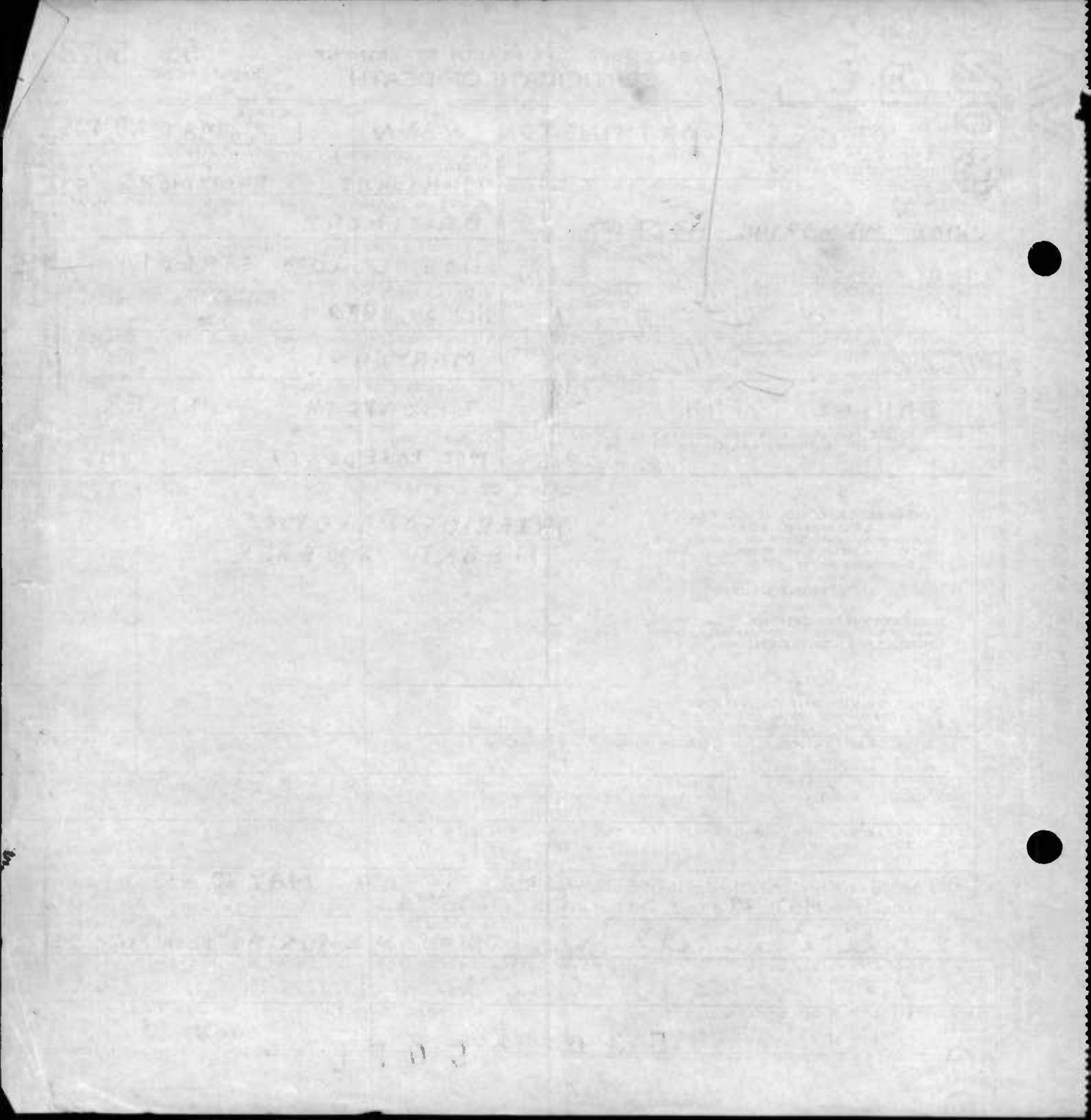
(B) —
DUE TO —

(C) —

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION <u>—</u>		19B. MAJOR FINDINGS OF OPERATION <u>—</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>—</u>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>—</u>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>—</u>		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>—</u>	
22. I hereby certify that I attended the deceased from <u>5/11/53</u> , 19 <u>53</u> , to <u>5/12/53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5/12/53</u> , and that death occurred at <u>3:40 A.M.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>J. J. Edmunds</u>		23B. ADDRESS <u>Lutheran Hospital</u>		23C. DATE SIGNED <u>5/12/53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>—</u>		24B. DATE <u>—</u>		24C. NAME OF CEMETERY OR CREMATORY <u>—</u>	
24D. LOCATION (City, town, or county) (State) <u>—</u>		24E. NAME OF CEMETERY OR CREMATORY <u>—</u>		24F. LOCATION (City, town, or county) (State) <u>—</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAY 31 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>Huntington Williams, M.D.</u>	
25. FUNERAL DIRECTOR <u>Huntington Williams, M.D.</u>		ADDRESS <u>Huntington Williams, M.D.</u>		ADDRESS <u>Huntington Williams, M.D.</u>	

0 0 2 0 0 0 0



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				53 5073	
CERTIFICATE OF DEATH				Registered No. 53 5073	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
ELIZABETH MARIE GELLERMAN			May 29, 1953		
3. PLACE OF DEATH:			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)		
A. Baltimore City, Maryland			A. STATE Md.		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
2706 Elsinor Ave.			Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location)		
			2706 Elsinor Ave.		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months: Days
female	white	single	Oct. 11, 1865	87	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country)		
never worked			Maryland		
13. FATHER'S NAME			12. CITIZEN OF WHAT COUNTRY?		
Christian Gellerman			--		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			14. MOTHER'S MAIDEN NAME		
-			Elizabeth --		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS		
			Mrs. Lawrence Gellerman-4726 Dunkirk Rd.		
18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH		
ANTECEDENT CAUSES			Anteroseptic heart disease		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			INTERVAL BETWEEN ONSET AND DEATH		
			2 1/2 mo.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
0					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK			
22. I hereby certify that I attended the deceased from 11/28, 1949, to 5/29, 1953, that I last saw the deceased alive on 5/29, 1953, and that death occurred at 7:30 p. m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Robert A. Reiter		3408 Windsor Ave.		5/30/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		6/1/53		Lorraine Cem.	
24D. LOCATION (City, town, or county)		24E. LOCATION (State)			
Woodlawn, Md.					
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
JUN 1 1953		H. J. Williams, M.D.		J. L. Lickner & Sons	
VS 150				Baltimore 17, Md.	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

May 5, 1953

BALTIMORE HEALTH DEPARTMENT

NAME OF DECEASED
Date of Birth

John Edward Smith, Jr.

State of Maryland

Age 35 years

Sex Male

Color White

Married

Occupation

Place of Birth

Usual Residence

Place of Death

Time of Death

Cause of Death

Immediate Cause

Underlying Cause

Manner of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Medical Examiner

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A. 165
D.O.A.
53 5074
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5074

1. NAME OF DECEASED
(Type or Print)

Celeste Abraham

2. DATE
OF
DEATH

May-31-19-3

3. PLACE OF DEATH:
a. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Md. B. COUNTYb. FULL NAME OF HOSPITAL OR INSTITUTION
JOHNS HOPKINS HOSPITALc. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 16-05d. STREET ADDRESS (If rural, give location)
2501 N. Lafayette Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W

8. DATE OF BIRTH

Jan 5, 1915 38

9. AGE (In years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
House Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Ga12. CITIZEN OF WHAT COUNTRY?
U.S.A.13. FATHER'S NAME
Lee Coleman14. MOTHER'S MAIDEN NAME
Rose Alice Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma of breast with metastases to lung.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

m.

WHILE WORK ☐NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 00A m., from the causes and on the date stated above.

23a. SIGNATURE

Lawrence E. Shulman M.D.

23b. ADDRESS

JOHNS HOPKINS HOSPITAL

23c. DATE SIGNED

5-31-53

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

24e. DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

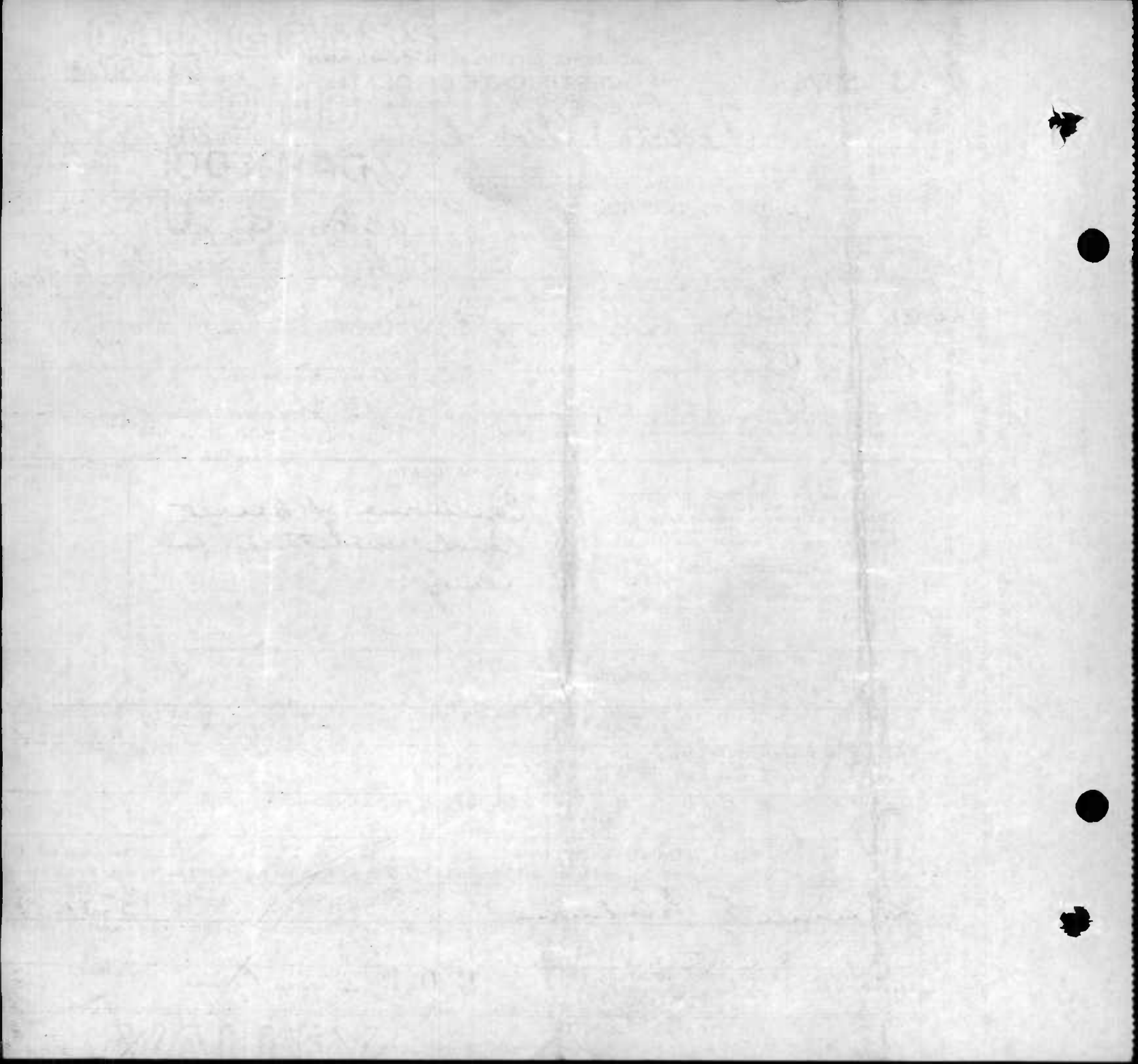
ADDRESS

JUN 1 1953

Huntington Williams M.D.

George S. Kelson

1303 Bresstman St



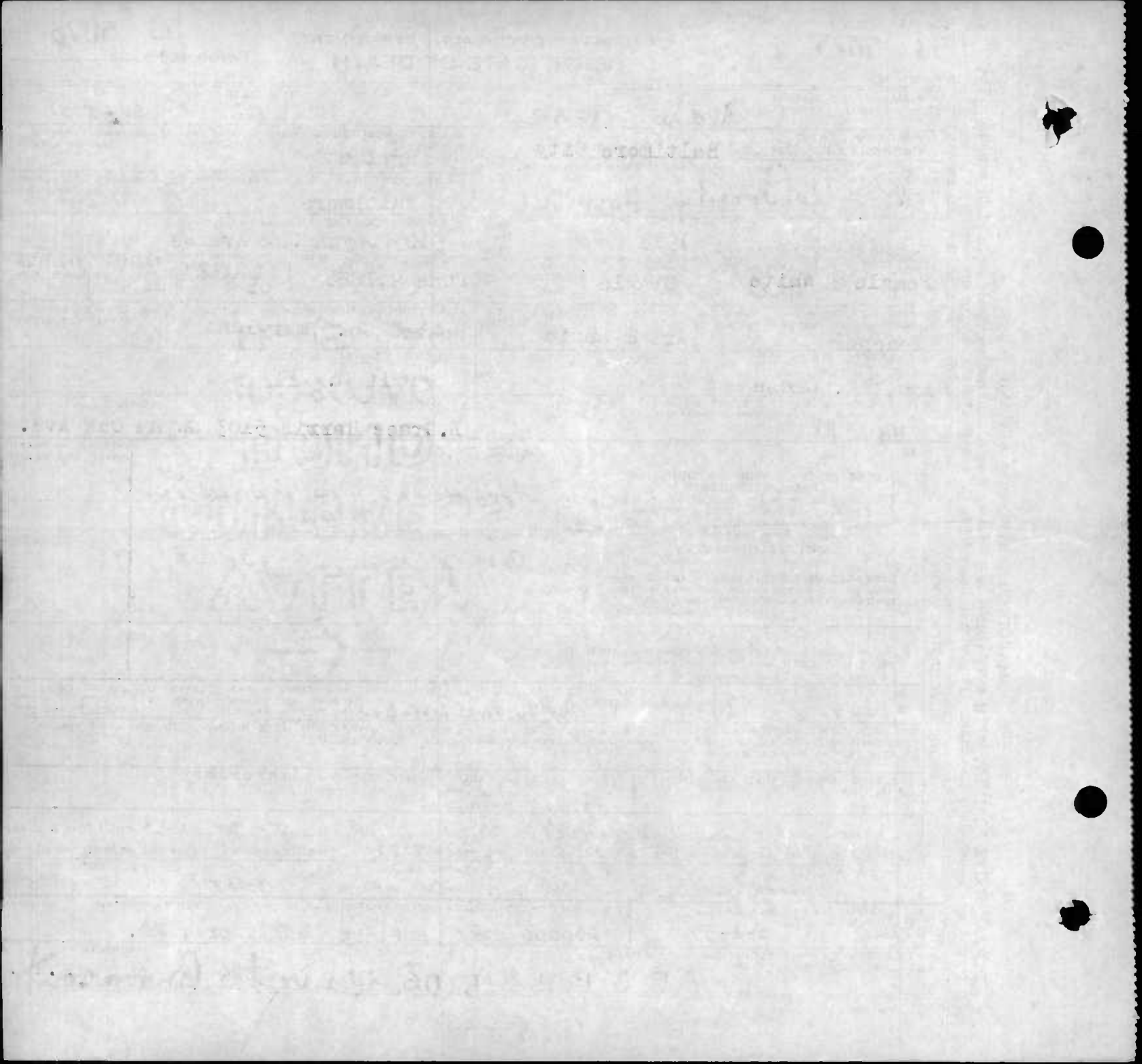
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-650
53 5075HEARN
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5075
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Ridia HEARN		2. DATE OF DEATH 5-30-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 28-02			
C. Length of stay in Baltimore 1913 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 5103 Gwynn Oak Avenue			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 9, 1886	9. AGE (in years last birthday) 66	10. Under 1 Year Months: Days 11 21
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10B. KIND OF BUSINESS OR INDUSTRY Art & Music		11. BIRTHPLACE (State or foreign country) Howard Co., Maryland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Samuel C. Close			
14. MOTHER'S MAIDEN NAME Maria C. Miller		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS L. Grace Harris 5103 Gwynn Oak Ave.			
18. 171X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Abdominal carcinoma DUE TO Carcinoma of cervix DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 4-4-53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Obstruction large bow		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>			
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-1 , 1953 to 5-30 , 1953 that I last saw the deceased alive on 5-30 , 1953, and that death occurred at 7:45 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Granner		23B. ADDRESS University Hospital		23C. DATE SIGNED 5-30-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-1-53		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR ADDRESS 0625worth Annacost			

0938V



572 CERTIFICATE CORRECTED

6-8-53

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5076

BIRTH NO. 53 5076

1. NAME OF DECEASED
(Type or Print)

ROY M. DEMPSEY

2. DATE
OF
DEATH

MAY 31 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

SINAI HOSPITAL, INC

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

57 BROADSHIP Rd. Baltimore
BALTIMORE CITY, Md

D. STREET ADDRESS (If rural, give location)

57 Broadship Rd.

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

MAY 3, 1913

9. AGE (In years
last birthday)

40

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Watchman Guard

10b. KIND OF BUSINESS OR
INDUSTRY

Chevrolet Plant

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

Yes

13. FATHER'S NAME

ELRIDGE DEMPSEY

14. MOTHER'S MAIDEN NAME

Lillie MOLES WORTH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.
216-03-9336

17. INFORMANT

ADDRESS

Mrs. Kathleen V. Dempsey 57 Broadship Rd.

18.

576 X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

Dumbalk 22, Md.

INTERVAL BETWEEN
ONSET AND DEATH

(A)

DUE TO

(B)

DUE TO

(C)

Generalized paratubercular peritonitis 5 days
Omental Abscesses

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from May 17, 1953 to May 31, 1953, that I last saw the
deceased alive on May 31, 1953 and that death occurred at 6 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Caron H. Hines

23B. ADDRESS

Sinai Hosp.

23C. DATE SIGNED

5/31/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

June 3, 1953

Prospect Cemetery

Vh. Mt. Airy, Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

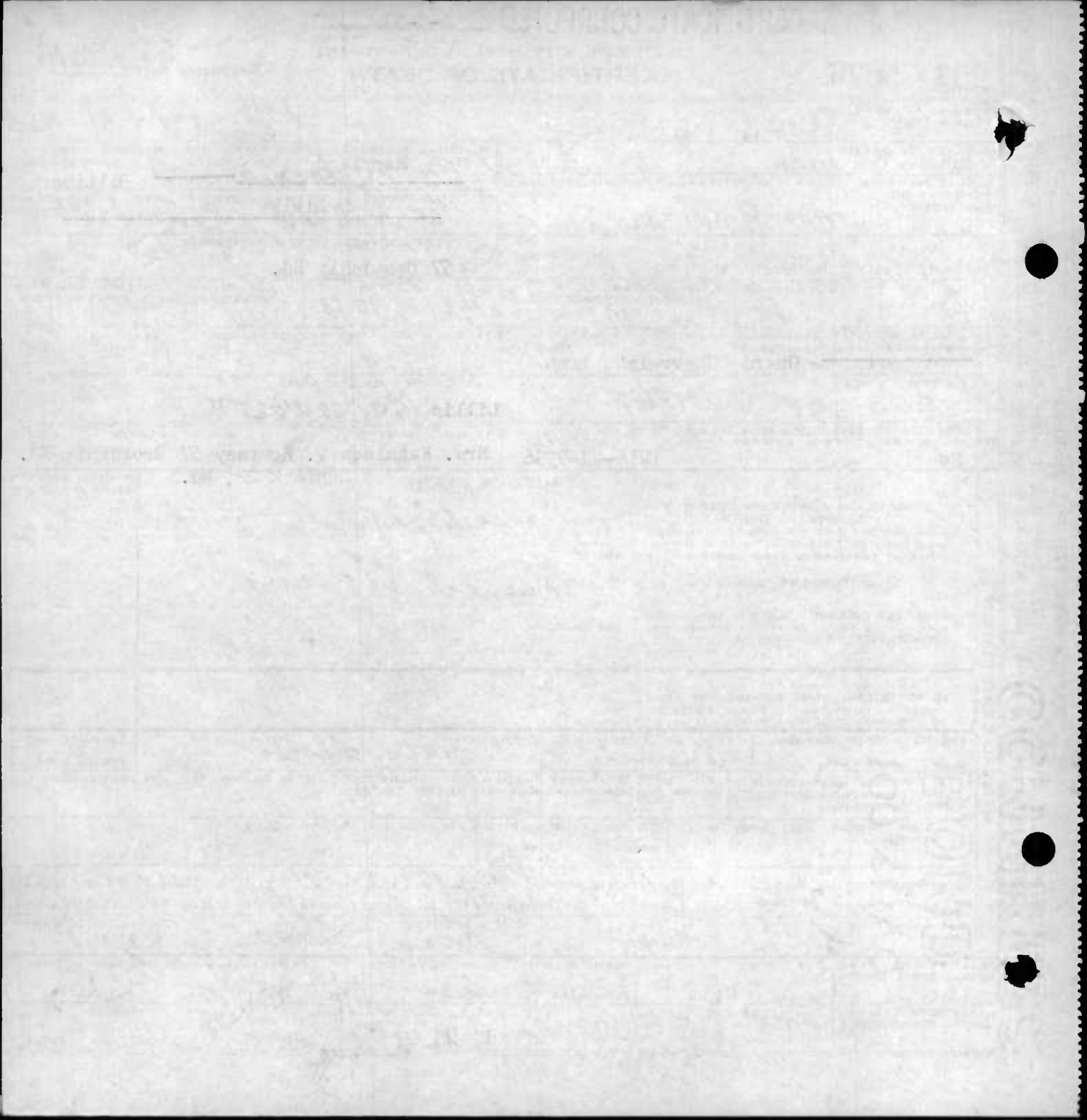
25. FUNERAL DIRECTOR

ADDRESS

JUN 1 1953

Funtington Williams, M.D.

Olivia L. Molesworth, Damascus, Md

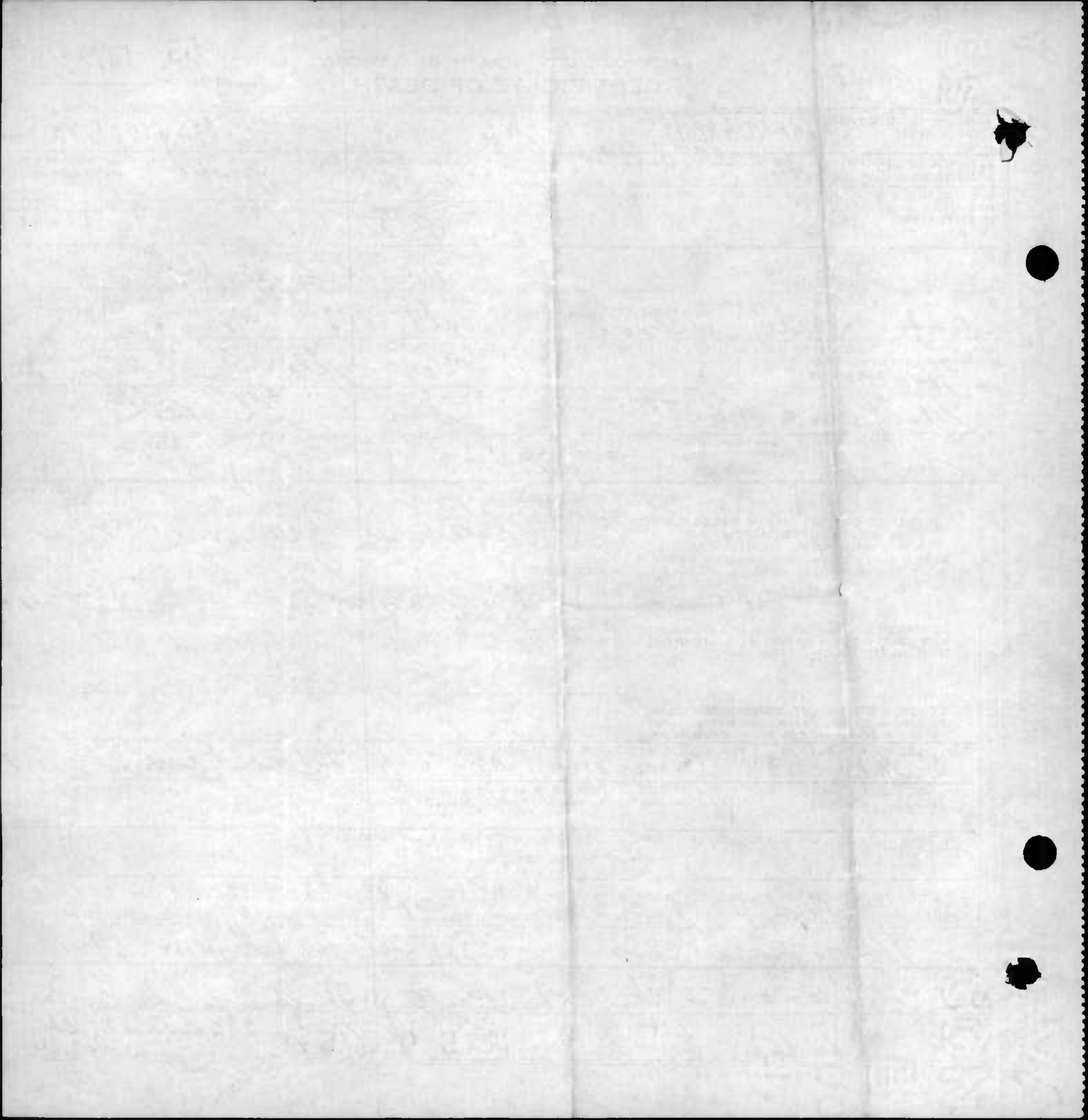


BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5077
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) MARGARET KING			2. DATE OF DEATH MAY 31, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland 305 Allendale St			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Baltimore Md COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 60			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-07		
C. Length of stay in Baltimore 1 Yrs. 2 Mos. Days _____			D. STREET ADDRESS (If rural, give location) 305 Allendale St		
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept 4, 1880	9. AGE (In years last birthday) 72	10. Under 1 Year Months _____ Days _____ 11. Under 24 Hours Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Grandville, Pa		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William C Kanter			14. MOTHER'S MAIDEN NAME Sarah Schappel		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS		

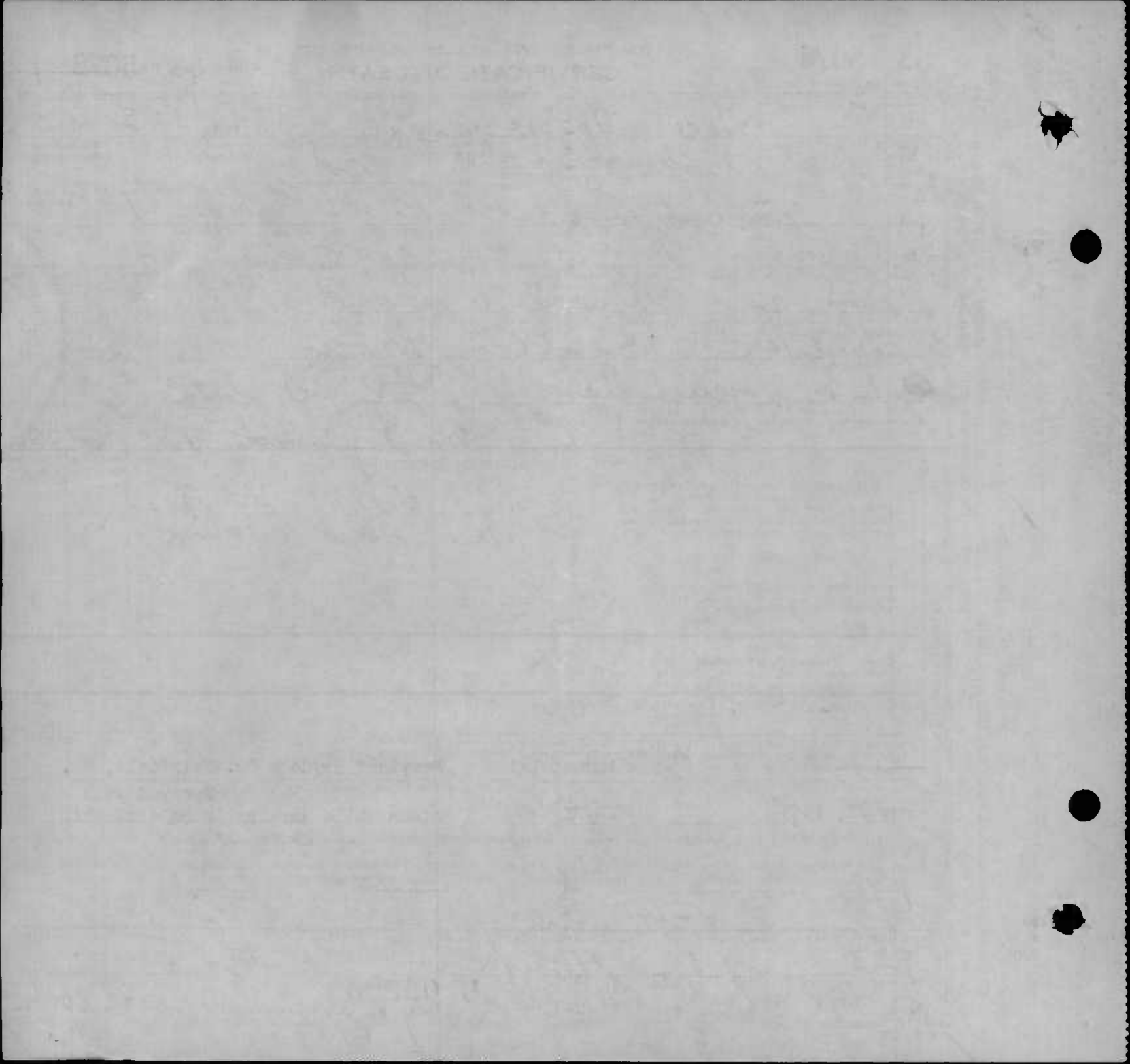
18. 153X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of colon (A) _____ DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinomatosis (B) _____ DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) _____			INTERVAL BETWEEN ONSET AND DEATH 2 yr. 4 months		
19A. DATE OF OPERATION Feb 12, 1953		19B. MAJOR FINDINGS OF OPERATION Carcinoma of colon - metastasis to liver		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 2, 1953 , to May 31, 1953 , that I last saw the deceased alive on May 31, 1953 , and that death occurred at 11 p. m. , from the causes and on the date stated above.					
23A. SIGNATURE Harry Lachman		23B. ADDRESS 2322 Calver Ave Baltimore 17th		23C. DATE SIGNED 5/31/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-3-53		24C. NAME OF CEMETERY OR CREMATORY Christ Church Cemetery	
24D. LOCATION (City, town, or county) (State) Sh. Springs, Bay Co. Penna		25. FUNERAL DIRECTOR Huntington Williams, Mch. 8. 7. 1953		25. ADDRESS 206 N. Main St. Girardville Penna	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO. 53 5078				BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 5078	
1. NAME OF DECEASED (Type or Print) John Wojciechowski				2. DATE OF DEATH 5-30-53			
3. PLACE OF DEATH: A. Baltimore City, Maryland University Hospital				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md - B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto - Md 1-03			
c. Length of stay in Baltimore Life				D. STREET, ADDRESS (If rural, give location) 2309 Eastern Ave			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 4-11-27	9. AGE (In years last birthday) 26	10 Under 1 Year Months: Days	11 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Marine Mach. 1st C.				10B. KIND OF BUSINESS OR INDUSTRY Md. Drydock Co.		11. BIRTHPLACE (State or foreign country) Balto -	
12. CITIZEN OF WHAT COUNTRY? U.S.				13. FATHER'S NAME John M. Wojciechowski			
14. MOTHER'S MAIDEN NAME Stella G. Kuta				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year or dates of service) No			
16. SOCIAL SECURITY NO.				17. INFORMANT Mary Wojciechowski ADDRESS 2309 Eastern Ave			
18. E 857 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 3rd ° Burns of Face Neck, Arms & Trunk				CAUSE OF DEATH 3rd ° Burns of Face Neck, Arms & Trunk			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) Industrial		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Maryland Drydock Co.-Fairfield, Md.			
21D. TIME (Month) (Day) (Year) (Hour) May 22, 1953		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Sprayed with steam while working in hold of ship			
22. I certify that I took charge of the remains described above, held an INSPECTION thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
23A. SIGNATURE R. H. Fisher M.D.				23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 5-30-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 6-2-53		24C. NAME OF CEMETERY OR CREMATORY Holy Rosary		24D. LOCATION (City, town, or county) (State) Balto Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 1 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR W. J. Kelly		ADDRESS 403 S. Zepher	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

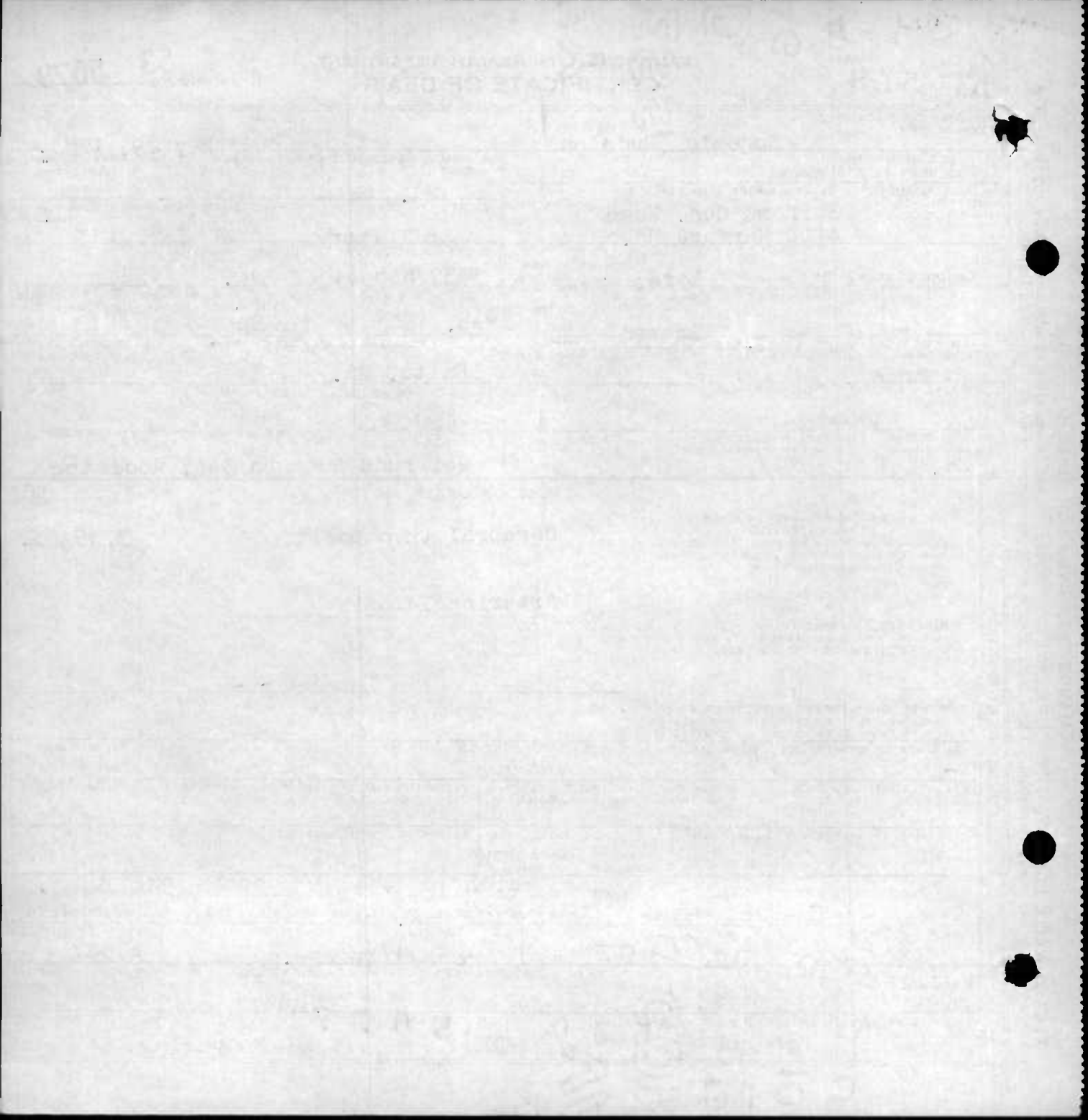
Registered No. 53 5079

BIRTH NO. 53 5079

1. NAME OF DECEASED (Type or Print) <u>Eugenia Rudolph</u>			2. DATE OF DEATH <u>May 29, 1953.</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Harford Con. Home</u> <u>4700 Harford Rd.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore <u>Life.</u>			D. STREET ADDRESS (If rural, give location) <u>3437 Woodstock Ave.</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 1861</u>	9. AGE (In years last birthday) <u>92</u>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>			11. BIRTHPLACE (State or foreign country) <u>Balto. Md.</u>		
13. FATHER'S NAME <u>Schackelford</u>			12. CITIZEN OF WHAT COUNTRY? <u>Don't know</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No.</u>			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Gertrude Rudolph</u>			ADDRESS <u>3437 Woodstock</u>		

18. <u>332X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <u>Cerebral thrombosis</u> DUE TO ANTECEDENT CAUSES (B) <u>Arteriosclerosis</u> DUE TO (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH <u>3/19/53.</u>
---	---

19A. DATE OF OPERATION <u>5</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>March 19, 1953</u> to <u>May 29, 1953</u> that I last saw the deceased alive on <u>5 - 28, 1953</u> and that death occurred at <u>2 A. m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Eugene Zeller</u>		23B. ADDRESS <u>M. D. 2739 Eastern Ave.</u>		23C. DATE SIGNED <u>5/29/53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>June 1 1953</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Lorraine Cemetery</u>	
24D. LOCATION (City, town, or county) <u>Baltimore</u>		24E. ADDRESS <u>Rich Funeral Home 2004 Orleans St</u>			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5080
Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)

George Tifel

2. DATE
OF
DEATH May 29 19533. PLACE OF DEATH:
A. Baltimore City, Maryland 1001 N Janney4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 26-44D. STREET ADDRESS (If rural, give location)
1001 N Janney St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug 29 1886

9. AGE (In years
last birthday)

66

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Shipping dept Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Contl Can Co

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Tifel

14. MOTHER'S MAIDEN NAME

Amanda Erdman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Katherine Tifel 1001 N Janney St

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) acute coronary Occlusion

1 day

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) arteriosclerotic Heart Disease

vyn.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 5, 1951, to May 29, 1953, that I last saw the
deceased alive on May 27, 1953, and that death occurred at 10 A. m., from the causes and on the date stated above.

23A. SIGNATURE

George Samyn

23B. ADDRESS

4808 Harford Rd

23C. DATE SIGNED

5/30/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 1/53

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cem

24D. LOCATION (City, town, or county)

Balto

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 1 1953

Huntington Williams, M.D.

1115 North Howard Home 2004 Orleans St

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53 5081

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5081
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

YETTA PINKNER

2. DATE
OF
DEATH

MAY 31, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Lutheran Hospital of MD.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

15-47

D. STREET ADDRESS (If rural, give location)

3301 Gwyns Falls PARKWAY

c. Length of stay in Baltimore

38

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

Dec 24, 1874

9. AGE (In years last birthday)

78

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

RUSSIA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Morris

14. MOTHER'S MAIDEN NAME

Devorah

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Dorothy Steinberg - nurse

18. 443X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) CEREBROVASCULAR ACCIDENT 19 HRS

DUE TO

(B) HYPERTENSIVE ARTERIOSCLEROTIC CARDIOVASCULAR HEART DISEASE indefinite no. of years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

HEART BLOCK

indefinite no. of days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from MAY 30, 1953 to MAY 31, 1953, that I last saw the deceased alive on MAY 31, 1953, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

100-100000

100-100000

WILLIAM
BARNETT

100-100000

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT		Registered No.	
53 5082		53 5082		53 5082	
1. NAME OF DECEASED (Type or Print)		Minnie		2. DATE OF DEATH MAY 31 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md.		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN Baltimore		D. STREET ADDRESS (If rural, give location) 2413 Orleans St.	
c. Length of stay in Baltimore Life		Yrs. Mos. Days		9. AGE (In years last birthday) 74	
5. SEX female		6. COLOR OR RACE white		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore Md.	
13. FATHER'S NAME Henry Ruben		14. MOTHER'S MAIDEN NAME Julia Morgenroth		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT JOHNS HOPKINS HOSPITAL	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ACUTE MYOCARDIAL INFARCTION DUE TO ANTECEDENT CAUSES		CAUSE OF DEATH Acute myocardial infarction 3 hr.		INTERVAL BETWEEN ONSET AND DEATH 3 hr.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		II			
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3:00 PM - 31 - 1953 to 6:15 PM, 1953, that I last saw the deceased alive on 31 - 1953, and that death occurred at 6:15 PM, from the causes and on the date stated above.					
23A. SIGNATURE Thomas Franklin Williams		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 6-1-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/3/53		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn	
24D. LOCATION (City, town, or county) Baltimore		24E. LOCATION (State) Md.			
DATE RECEIVED BY LOCAL REGISTRAR JUN 1		REGISTRAR'S SIGNATURE R. Huntington Williams, M.D.		25. FUNERAL DIRECTOR Philip Herwig Sons	
ADDRESS 2024		ADDRESS Orleans St.		31	

CONGRUENT

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 5083**

53 5083

1. NAME OF DECEASED
(Type or Print)

J. William M^cMullen

2. DATE
OF
DEATH

May 30, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland *3409 Greenway*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE *Same Maryland* B. COUNTY *Baltimore City*

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
De Sota Apts.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Same Baltimore City 12-02

D. STREET ADDRESS (If rural, give location)
3409 Greenway (De Sota Apts.)

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Jan-24-1875

9. AGE (In years last birthday)

78

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Wholesale Indus. Co. Day End

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

William C. M^cMullen

14. MOTHER'S MAIDEN NAME

Rosa J. Blades

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.
213-05-0127

17. INFORMANT

Mrs. Madeline P. M^cMullen (wife) De Sota Apts.

ADDRESS

18.

420.0

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *Cerebral embolus*

DUE TO *arteriosclerotic heart disease*

(B) *auricular fibrillation*

DUE TO *Generalized arteriosclerosis*

(C) *Heart*

INTERVAL BETWEEN ONSET AND DEATH

3 days

years -

10 yrs -

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1948* to *5-29*, 1953, that I last saw the deceased alive on *5-29*, 1953, and that death occurred at *3 9* m., from the causes and on the date stated above.

23A. SIGNATURE

Samuel T. R. Revell, Jr.

23B. ADDRESS

11 E. Clark St. Balt.

23C. DATE SIGNED

5-30-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June-1-1953

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem., Baltimore, Maryland

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M^d Stewart & Mowen Co., 108 W. North Ave.

25. FUNERAL DIRECTOR

ADDRESS

JUN 1 1953 VS 150

City #1.

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

53 5084

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5084

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Leona M. Dell

2. DATE
OF
DEATH

May 30, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

760 Poplar Grove St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 16-06

D. STREET ADDRESS (If rural, give location)

760 Poplar Grove St.

c. Length of stay in Baltimore

life

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 28, 1898

9. AGE (In years
last birthday)

55

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Carl Becker

14. MOTHER'S MAIDEN NAME

Agatha Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Jesse T. Dell - 760 Poplar Grove St.

18. 420.0 and 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Cerebral Lacunary
DUE TO arteriosclerosis with hypertension

3 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Anterograde type heart disease
DUE TO with myocardial degeneration and
cardiac hypertrophy

10 years

(C) Diabetes Mellitus

20 yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 1, 1950 to May 30, 1953 that I last saw the
deceased alive on May 25, 1953, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

William Michael

23B. ADDRESS

1015 Poplar Grove St.

23C. DATE SIGNED

May 31, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 2, 1953

24C. NAME OF CEMETERY OR CREMATORY

Wards Chapel Cem.

24D. LOCATION (City, town, or county)

Balto. Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

John T. Stansbury 2700 Edmondson Ave.

STATE OF TEXAS
COUNTY OF DALLAS

BEFORE ME, the undersigned authority, on this _____ day of _____, 20____, personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

My commission expires _____.

Notary Public for the State of Texas

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 5085

BIRTH NO. 53 5085 51-10481

1. NAME OF DECEASED
(Type or Print)

HARRY GORDON WHITLEY, JR.

2. DATE
OF
DEATH

5/30/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Union Memorial Hospital

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

2113 Greenmount Avenue, # 18

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 10, 1951

9. AGE (In years last birthday)

2 yr

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Harry G. Whitley

14. MOTHER'S MAIDEN NAME

Helen Marie Parr

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

-

17. INFORMANT mother -

ADDRESS

Mrs. Harry G. Whitley, 2113 Greenmount Ave

18. 092X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Acute yellow atrophy of the liver

24 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

Infectious hepatitis

3 wks

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 16, 1953, to May 30, 1953, that I last saw the deceased alive on May 30, 1953, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Georgia Reynolds

M. D.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

5/30/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

JUNE 1, 1953

24C. NAME OF CEMETERY OR CREMATORY

MORELAND MEMPH.

24D. LOCATION (City, town, or county)

Taylor Ave.

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

J. Walter Coulter 2343 HARFORD RD.

ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 5086**

53 5086

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Girl Varis

2. DATE
OF
DEATH

5/31/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

Mercy Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Ind.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto. 26-44

D. STREET ADDRESS (If rural, give location)

3604 Roberts Place

5. SEX

F

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

5/31/53

9. AGE (In years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ind.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Harold Calvin Varis

14. MOTHER'S MAIDEN NAME

Maria Amelia Aurain

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mr. & Mrs. Harold Varis

3604 Roberts Place

18. *760.0*

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Intracranial hemorrhage

DUE TO

(B)

Cardiac - resp. failure

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *5/30*, 19*53* to *5/31*, 19*53* that I last saw the deceased alive on *5/31*, 19*53*, and that death occurred at *9 1/2* p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

June 1 1953

George Sander & Sons, Inc.

Baltimore

Baltimore

STATE OF TEXAS
COUNTY OF DALLAS

STATE OF TEXAS

COUNTY OF DALLAS

IN WITNESS WHEREOF

I, the undersigned, Clerk of the County of Dallas, Texas, do hereby certify that the foregoing is a true and correct copy of the original as the same appears in the records of the County of Dallas, Texas.

ATTEST:

CLERK OF THE COUNTY OF DALLAS, TEXAS

WITNESSED my hand and the seal of the County of Dallas, Texas, this _____ day of _____, 19____.

CLERK OF THE COUNTY OF DALLAS, TEXAS

NOTARIAL PUBLIC, My Commission Expires _____, 19____.

NOTARIAL PUBLIC

NOTARIAL PUBLIC

NOTARIAL PUBLIC

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5087
Registered No. 53 508753 5087 *Nov 1953*
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

George Steven Raney

2. DATE
OF
DEATH

5/28/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

908 S. Charles St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

23-01

c. Length of stay in Baltimore Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

908 S. Charles St.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9/15/48

9. AGE (in years
last birthday)

4

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Washington, D. C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Lawrence B. Raney

14. MOTHER'S MAIDEN NAME

Carlen Muhley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

St.

Mr. Lawrence B. Raney 908 S. Chas.

18. 351X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/28, 1949, to 5/28, 1953, that I last saw the
deceased alive on 5/28, 1953, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/1/53

24C. NAME OF CEMETERY OR CREMATORY

MEADOWRIDGE

24D. LOCATION (City, town or county)

WASHINGTON BLVD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 1 1953

John F. Denny, Inc. 715 Light St.

Dr Joslin

11 E. Chase.

2:30 - 5:00 PM

Monday, 2,

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 5088**

 BIRTH NO. **53 5088**

 I. NAME OF DECEASED
(Type or Print)

Julia Bond Rosenberger

 2. DATE OF DEATH **May 30, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

 A. STATE **Md.**

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2601 Roslyn Ave.
Kenesaw Rest Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore,

D. STREET ADDRESS (If rural, give location)

2735 N. Charles St.

c. Length of stay in Baltimore

life

 Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Sept. 29, 1888

9. AGE (in years last birthday)

64

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William J. Bond

14. MOTHER'S MAIDEN NAME

Lillian Bruce

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

 17. INFORMANT ADDRESS
Mrs. Alberta Godfrey 2528 Oakley Ave.

 18. **305X I**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

 (A) **accubiti**
DUE TO **Premature senile atrophy (Alzheimer's disease)**
2 mos.
10?
ys.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

 (B)
DUE TO
(C)

 II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., lo or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

 WHILE AT WORK ☐ NOT WHILE AT WORK ☐

 22. I hereby certify that I attended the deceased from **Dec.**, 19**51**, to **May 30**, 19**53**, that I last saw the deceased alive on **May 28**, 19**53**, and that death occurred at **11 A** m., from the causes and on the date stated above.

23A. SIGNATURE

Robt. B. Gray Jr.

23B. ADDRESS

Medical Art Bldg.

23C. DATE SIGNED

6/1/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 1, 1953

24C. NAME OF CEMETERY OR CREMATORY

Mount Olivet

24D. LOCATION (City, town, or county)

Fred. Ave. Balto.

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

John O. Mitchell

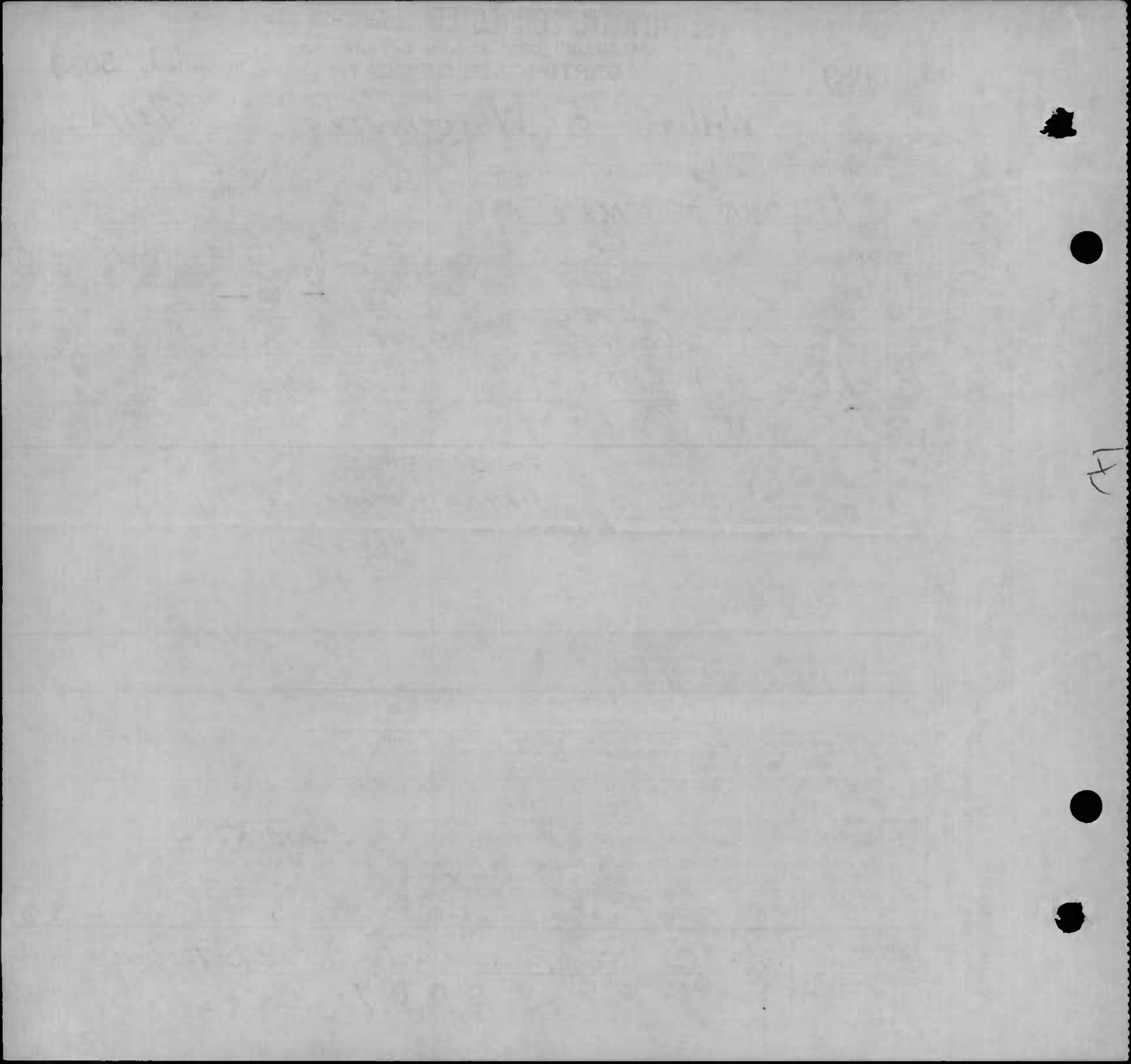
ADDRESS

1900 Eutaw Place

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N-352		CERTIFICATE CORRECTED 6-10-53	
BIRTH NO. 5089		BALTIMORE CITY HEALTH DEPARTMENT	
53		Registered No. 5089	
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
William E. Whittington		5/31/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
1120 N FREMONT AVE		Baltimore 16-01	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
Life		1120 N. Fremont Ave	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Male	Col	W	5/23/92
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday)
Laborer		Laundry	60 6/1
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country)	
Charles A. Whittington		Baltimore, Md.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
YES W.W. I		U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME	
		Henrietta Prider	
17. INFORMANT		ADDRESS	
18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
DUE TO		ARTERIOSELECTIC HEART	
ANTECEDENT CAUSES		Disease	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO	
		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <u>Inspection</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .			
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
R. F. Fisher M.D.		5-31-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/3/53	Baltimore National	Baltimore Md.
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
		Charles A. Rice	661 W. Bore
VS 151 970 FC str			



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. **53 5090**BIRTH NO. **5090 53-12423**1. NAME OF DECEASED
(Type or Print)**Baby Girl Smith**2. DATE
OF
DEATH**5/31/53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION**48 Md. General Hospital**

C. CITY OR TOWN

Baltimore - 11

D. STREET ADDRESS (If rural, give location)

1425 Malfield Ave.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

5/29/539. AGE (in years
last birthday)If Under 1 Year
Months: Days**2**If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**none**10B. KIND OF BUSINESS OR
INDUSTRY**none**

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?**USA**

13. FATHER'S NAME

David N. Smith

14. MOTHER'S MAIDEN NAME

Shirley Mae Fiel15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**no**16. SOCIAL
SECURITY NO.**no**

17. INFORMANT

mother

ADDRESS

same18. **776x**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **immaturity**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **Prematurity**
DUE TO
(C)**2 days**II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 29, 1953** to **May 31, 1953** that I last saw the
deceased on **May 31, 1953** and that death occurred at **1:07 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

R. K. Shipton

M. D.

23B. ADDRESS

Md. - Gen. Hosp.

23C. DATE SIGNED

6/1/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

6-1-53

24C. NAME OF CEMETERY OR CREMATORY

London

24D. LOCATION (City, town, or county)

Bella MeadDATE RECEIVED BY
LOCAL REGISTRAR**JUN 1 1953**

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Paul E. Chomicki Jr.

ADDRESS

**8211-17 Chestnut Ave
Rt 8 Baltimore**

Ch. 3-3311

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

53 5091

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 5091
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

David Brooks

2. DATE OF DEATH

5/30/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

930 Peach St

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

930 Peach St

C. Length of stay in Baltimore

48 1/2

5. SEX

m

6. COLOR OR RACE

e

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

m

8. DATE OF BIRTH

8/19/86

9. AGE (In years last birthday)

66

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Calvert & Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph Brooks

14. MOTHER'S MAIDEN NAME

Harnett Millin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Virgin Ward 930 Peach St

18. 592 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/25/53, to 5/30/53, that I last saw the deceased alive on 5/30/53 and that death occurred at 10 AM from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

108 W Montgomery St

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS

1911

1912

1913

1914

1915

1916

1917

1918

1919

1920

1921

1922

1923

1924

1925

1926

1927

1928

1929

1930

1931

1932

1933

1934

1935

1936

1937

1938

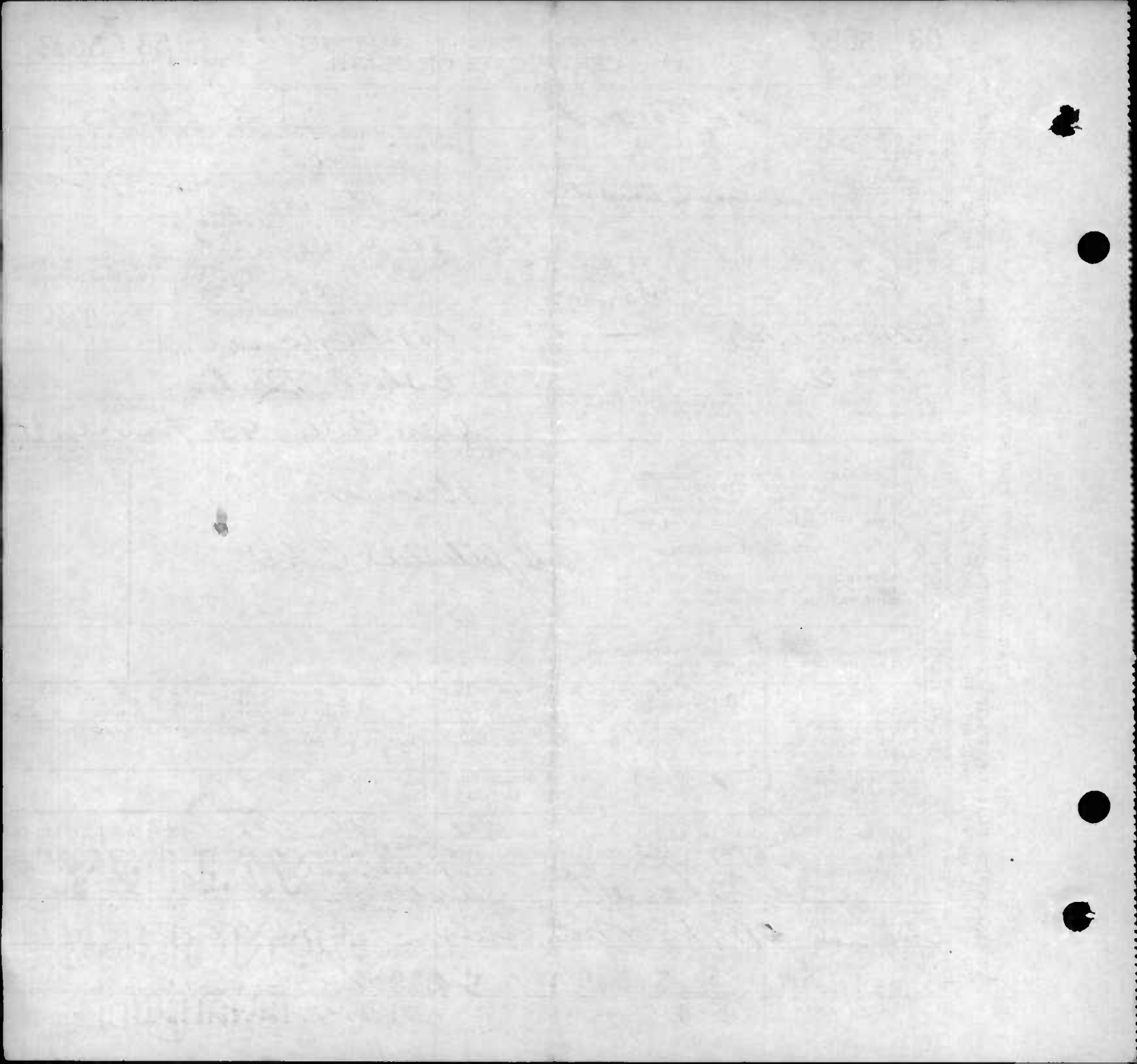
1939

1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 5092		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 5092	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) <i>CURTIS, ESTELLE</i>			2. DATE OF DEATH <i>5/27/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>University Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 14-03</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>322 N. Greene St.</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>	B. DATE OF BIRTH <i>1901</i>	9. AGE (In years last birthday) <i>52</i>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>—</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>
13. FATHER'S NAME <i>Unknown</i>			14. MOTHER'S MAIDEN NAME <i>Estelle Paulen</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Jesse Curtis 931 Franklin St.</i>		
18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Uremia</i> DUE TO ANTECEDENT CAUSES (B) <i>Hypertensive C. V. D.</i> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5/27</i> , 19 <i>53</i> , to <i>5/27</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>5/27</i> , 19 <i>53</i> , and that death occurred at <i>9:45</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>John Sharrett</i>		23B. ADDRESS <i>University Hospital</i>		23C. DATE SIGNED <i>5/27/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>5/11/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>		25. FUNERAL DIRECTOR ADDRESS <i>Charles E. Brown & Son</i> <i>108 W. Montgomery St.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 1</i>		REGISTRAR'S SIGNATURE <i>H. H. Hinton</i>			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

18. E981X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING ☒ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ WORK ☒ NOT WHILE
AT WORK21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
M.D. MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
5-30-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

N 862.4

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5093
Registered No.2. DATE
OF
DEATH 5-29-534. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

If outside corporate limits, write FULL and give
(township)

D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

17. INFORMANT ADDRESS
William Davis 520 S. Green St.

CAUSE OF DEATH

(A) GUNSHOT WOUND OF
CHEST

DUE TO

(B)

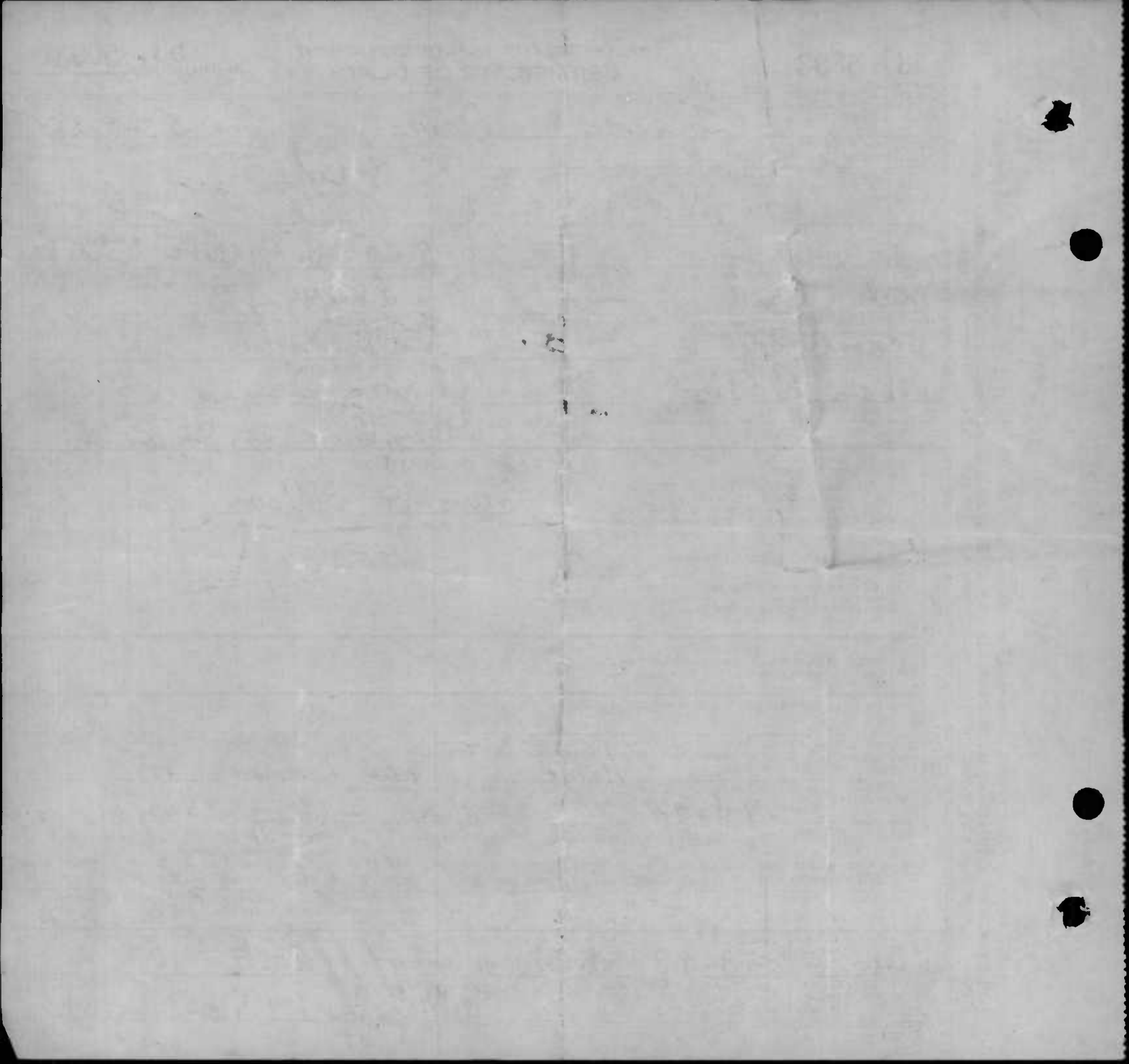
DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

20. AUTOPSY?

YES ☒ NO ☐



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5094
Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Sophie Majewski

2. DATE
OF
DEATH

May 30-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. City

B. FULL NAME OF (If not in hospital or institution, give street address and location)
HOSPITAL OR
INSTITUTION

431 N. Montford Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. City

D. STREET ADDRESS (If rural, give location)

431 N. Montford Ave.

c. Length of stay in Baltimore

49 yrs.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 17-1893

9. AGE (In years
last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR
INDUSTRY

clothing

11. BIRTHPLACE (State or foreign country)

Latvia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Puchlewicz

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Peter Majewski 413 N. Montford Ave.

18.

151X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

Carcinoma of stomach

Secondary Carcinoma
of liverINTERVAL BETWEEN
ONSET AND DEATH

about 1 yr

6 mos

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

May 14-53

19B. MAJOR FINDINGS OF OPERATION

as above (operation only Explant)

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1953, May 30, 1953, that I last saw the
deceased alive on May 27, 1953, and that death occurred at 7:00 m. from the causes and on the date stated above.

23A. SIGNATURE

Grunel Novak

M. D.

23B. ADDRESS

266 Preston

23C. DATE SIGNED

5/31/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 2-1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Polish National

24D. LOCATION (City, town, or county)

Balto. Co.

(State)

Md.

DATE RECEIVED BY REGISTRAR'S SIGNATURE
LOCAL REGISTRAR

25. FUNERAL DIRECTOR

ADDRESS

Wm. S. Fialkowski 2007 Eastern Ave

VS 150

59046

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1981

THE MEDICAL OFFICE OF THE DISTRICT OF COLUMBIA

CERTIFICATE OF DEATH

1981



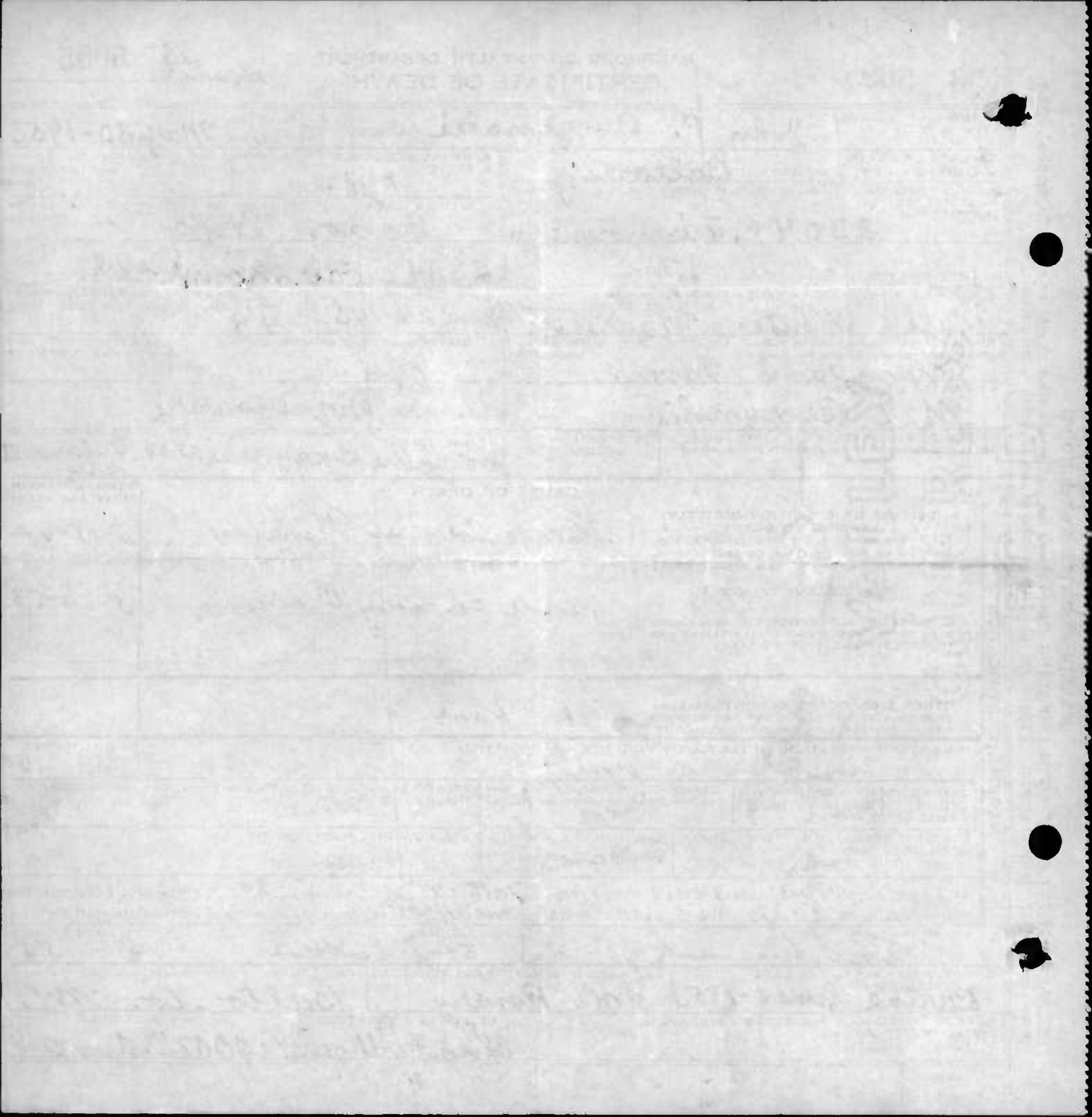
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 5095
Registered No. 53 5095

B-252
53 5095 BL22
BIRTH NO.

NAME OF DECEASED (Type or Print) John P. Byczynski (Brooks)			2. DATE OF DEATH May 30 - 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2304 E. Fairmount Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. City 6-03		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 2304 E. Fairmount Ave		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 24 - 1903		9. AGE (In years last birthday) 49
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern Owner		10B. KIND OF BUSINESS OR INDUSTRY Tavern	11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Max Byczynski			14. MOTHER'S MAIDEN NAME anna Dombrowski		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Josephine Byczynski ADDRESS 2304 E. Fairmount Ave		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Acute Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 7-15-48		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Acute coronary Occlusion			5-30-53		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. none					
19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH none		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) none		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) none	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY none		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> none		21F. HOW DID INJURY OCCUR? none	
22. I hereby certify that I attended the deceased from 7-15-48 , to 5-30 , 19 53 , that I last saw the deceased alive on 5-27 , 19 53 , and that death occurred at 11:15 P m., from the causes and on the date stated above.					
23A. SIGNATURE E. Schimmek		23B. ADDRESS 8428 E. East Ave		23C. DATE SIGNED 6-1-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 3 - 1953		24C. NAME OF CEMETERY OR CREMATORY Holy Rosary	
24D. LOCATION (City, town, or county) (State) Balto. Co. Md.		25. FUNERAL DIRECTOR Wm. S. Fialkowski ADDRESS 2007 Eastern Ave			
DATE RECEIVED BY LOCAL REGISTRAR JUN 1 1953		REGISTRAR'S SIGNATURE H. J. 5 310			



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct spelling of names is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 5096**

M-320
53 5096
BIRTH NO.

1. NAME OF DECEASED (Type or Print)		ELIA BROOKS MATTHEWS		2. DATE OF DEATH 5.31.53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Maryland. General Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Towson		D. STREET ADDRESS (If rural, give location) 629 Piccadilly Rd. Towson Md	
c. Length of stay in Baltimore Life.		Yrs. Mos. Days		5. DATE OF BIRTH Oct. 18, 1883	
5. SEX F.	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	9. AGE (In years last birthday) 69	If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retire (Homemaker)		10B. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) Baltimore.	
13. FATHER'S NAME John Brooks		14. MOTHER'S MAIDEN NAME Margaret A. Reed.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT Miss Margaret W. Larsh - 629 Piccadilly Rd	
18. E903.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture of rt. hip		CAUSE OF DEATH (A) Fracture of rt. hip DUE TO (B) Detritus ulcer DUE TO (C) Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CERTIFICATION APPROVED BY William H. [Signature] PHYSICIAN OR MED. EXAMINER			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Anemia			
19A. DATE OF OPERATION March 20, 1953		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 629 Piccadilly Road, Towson, Md.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY March 20, 1953		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Slipped and fell to floor	
22. I hereby certify that I attended the deceased from 3.20.53 , 19 53 , to 5.30.53 , 19 53 , that I last saw the deceased alive on 5.30.53 , 19 53 , and that death occurred at 11.30 p.m. , from the causes and on the date stated above.		23A. SIGNATURE D. I. Laguerre		23B. ADDRESS MD Gen. Hosp	
23C. DATE SIGNED 5.31.53		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/2/53	
24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.		24D. LOCATION (City, town, or county) Balto., Md.		(State)	
DATE RECEIVED BY LOCAL REGISTRAR John J. Huntington		REGISTRAR'S SIGNATURE William H. [Signature]		25. FUNERAL DIRECTOR Chas. J. Tackner & Sons	
VS 150 N 820.0		ADDRESS Balto. 17, Md.			

Elm. J. Johnson & Sons
Kato 17. 11. 1911

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5097
Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Ulysses Grant House

2. DATE
OF
DEATH

5-30-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Maryland General Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

15-38

D. STREET ADDRESS (If rural, give location)

3435 Mondawmin Ave.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

Sep. 6. 1865

9. AGE (In years
last birthday)

87

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life even if retired)

Retired (Inspector)

10B. KIND OF BUSINESS OR
INDUSTRY

Telephone Co.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George E. House.

14. MOTHER'S MAIDEN NAME

Annie Burnside.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Miss Charlotte S. House - 3435 Mondawmin Ave.

18. 199.9

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Urinary Retention

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Uremia

(C)

paralytic Co.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE ☐NOT WHILE ☐

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-28, 1953, to 5-30, 1953, that I last saw the
deceased alive on 5-30, 1953, and that death occurred at 3-30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

O. Kasper

M.D.

23B. ADDRESS

Md. General Hosp.

23C. DATE SIGNED

5-30-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/2/53

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

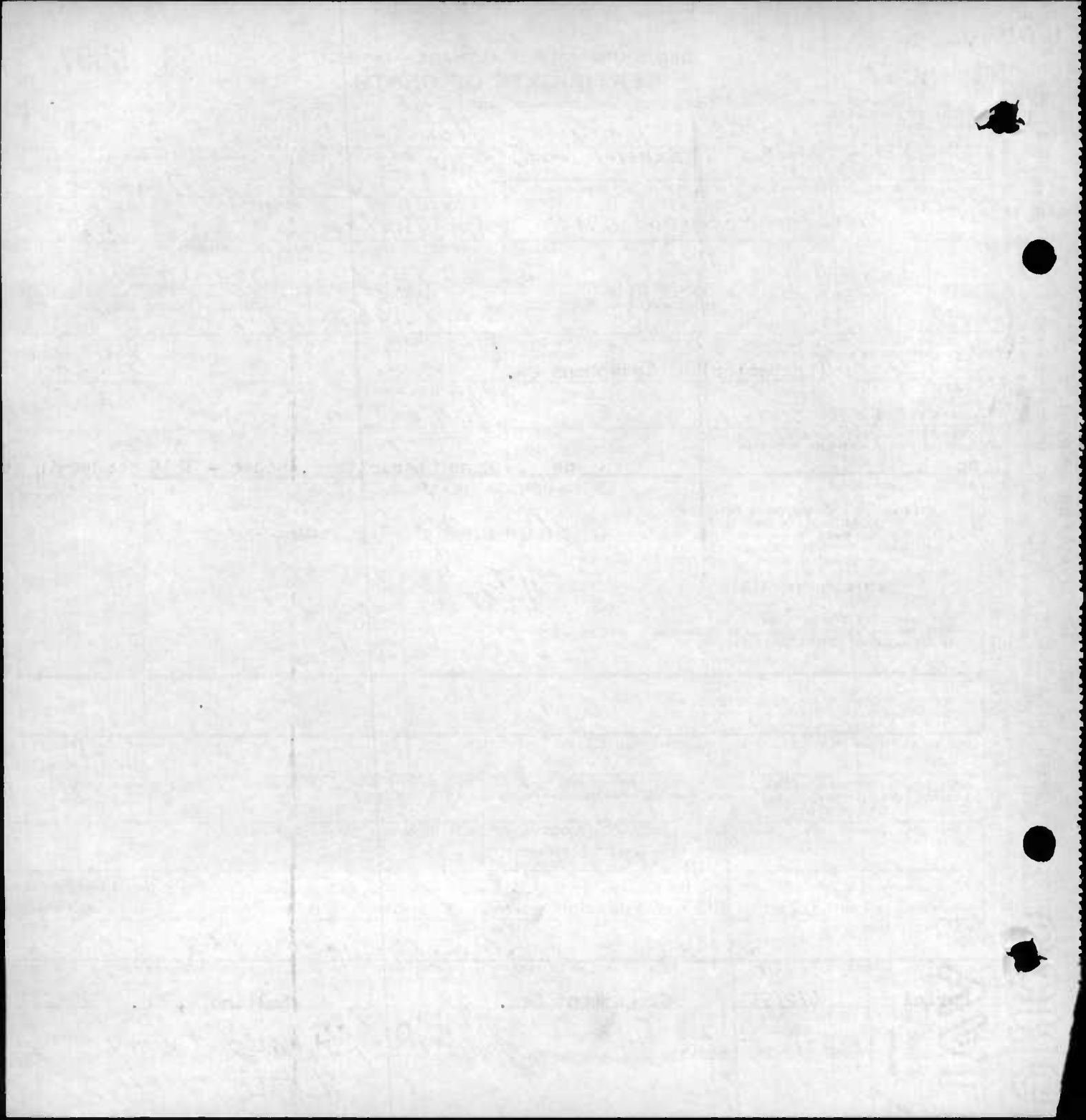
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. J. Baker & Sons

Baltimore, Md.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 5098**S-500
53 5098
BIRTH NO.

1. NAME OF DECEASED (Type or Print) JAMES B. SWEENEY			2. DATE OF DEATH May 29, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 18 N. Highland Ave.			C. CITY OR TOWN (If outside corporate limits write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 18 N. Highland Ave.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug. 18, 1884	9. AGE (In years, last birthday) 68	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer			10B. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME Harry C. Sweeney		
14. MOTHER'S MAIDEN NAME Mary E. Midwig			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Miss Marion V. Sweeney-18 N. Highland Ave		
18. 181X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coccarina of bladder DUE TO ANTECEDENT CAUSES Gonorrhea, adenitis, etc. DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Immediate cause DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 5/27 , 19 53 , to 5/29 , 19 53 , that I last saw the deceased alive on 5/27 , 19 53 , and that death occurred at 7 A. m. , from the causes and on the date stated above.			
23A. SIGNATURE H. G. Goodman		23B. ADDRESS 3400 E. Baltimore St.		23C. DATE SIGNED 5/30/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 6/1/53		24C. NAME OF CEMETERY OR CREMATORY Evangelical Lutheran Church Cem.	
24D. LOCATION (City, town, or county) (State) Shrewsbury, Pa.		25. FUNERAL DIRECTOR William H. Williams		25. ADDRESS Baths - 17, Md.	

BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

1. NAME OF DECEASED
 (Print Name)

2. SEX

3. AGE

4. RACE

5. BIRTH DATE

6. BIRTH PLACE

7. OCCUPATION

8. CAUSE OF DEATH

9. PLACE OF DEATH

10. DATE OF DEATH

11. TIME OF DEATH

John J. Jones

Heart failure

12. SIGNATURE OF PHYSICIAN

13. SIGNATURE OF REGISTRAR

14. SIGNATURE OF WITNESS

15. SIGNATURE OF DECEASED

16. SIGNATURE OF NEXT OF KIN

17. SIGNATURE OF BURIAL OFFICIAL

18. SIGNATURE OF INTERVIEWER

19. SIGNATURE OF CLERK

20. SIGNATURE OF ASSISTANT CLERK

21. SIGNATURE OF CHIEF CLERK

22. SIGNATURE OF DEPUTY CHIEF CLERK

23. SIGNATURE OF RECORDS CLERK

24. SIGNATURE OF FILE CLERK

25. SIGNATURE OF INDEX CLERK

26. SIGNATURE OF STENOGRAPHER

27. SIGNATURE OF TELETYPE CLERK

28. SIGNATURE OF MAIL CLERK

29. SIGNATURE OF RECEPTION CLERK

30. SIGNATURE OF DISTRIBUTION CLERK

31. SIGNATURE OF GENERAL CLERK

32. SIGNATURE OF ASSISTANT GENERAL CLERK

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5099
Registered No. 53 50991. NAME OF DECEASED
(Type or Print)

EDWARD M. WHALEY, SR.

2. DATE
OF
DEATH

May 30, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

2909 Garrison Blvd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2909 Garrison Blvd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Jan. 12, 1867

9. AGE (In years,
last birthday)

86

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Grocer (rtd)

10B. KIND OF BUSINESS OR
INDUSTRY

Own Grocery Bus.

11. BIRTHPLACE (State or foreign country)

South Carolina

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William S. Whaley

14. MOTHER'S MAIDEN NAME

Anna C. --

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT ADDRESS
Miss Jessie Whaley-2909 Garrison Blvd.18. 422.1
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) arteriosclerotic Cardio -
vascular DiseaseINTERVAL BETWEEN
ONSET AND DEATHmany
years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20, 1953, to May 30, 1953, that I last saw the
deceased alive on May 30, 1953, and that death occurred at 2:40 P.M., from the causes and on the date stated above.

23A. SIGNATURE

William J. Sullivan

M. D.

23B. ADDRESS

2911 Garrison Blvd

23C. DATE SIGNED

June 1-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/2/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Vickers / 4 Sons

ADDRESS

Balto. 17, Md.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5100

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thomas Anderson

2. DATE
OF
DEATH

May 29 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Franklin Square Hosp.

Md.
Balto.

D. STREET ADDRESS (If rural, give location)

905 W. Fayette St.

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 10, 1898

9. AGE (In years
last birthday)

55

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thomas Anderson Sr.

14. MOTHER'S MAIDEN NAME

Clara Moore

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Annie Anderson

ADDRESS

905 W. Fayette

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive Cardio-vascular disease ?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-20, 1953, to 5-28, 1953, that I last saw the
deceased alive on 5-28, 1953, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas W. Harris

M. D.

23B. ADDRESS

1824 W. Franklin St.

23C. DATE SIGNED

6-5-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/1/1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem.

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mrs. Kate R. Williams

ADDRESS

322 N. Schroeder St.

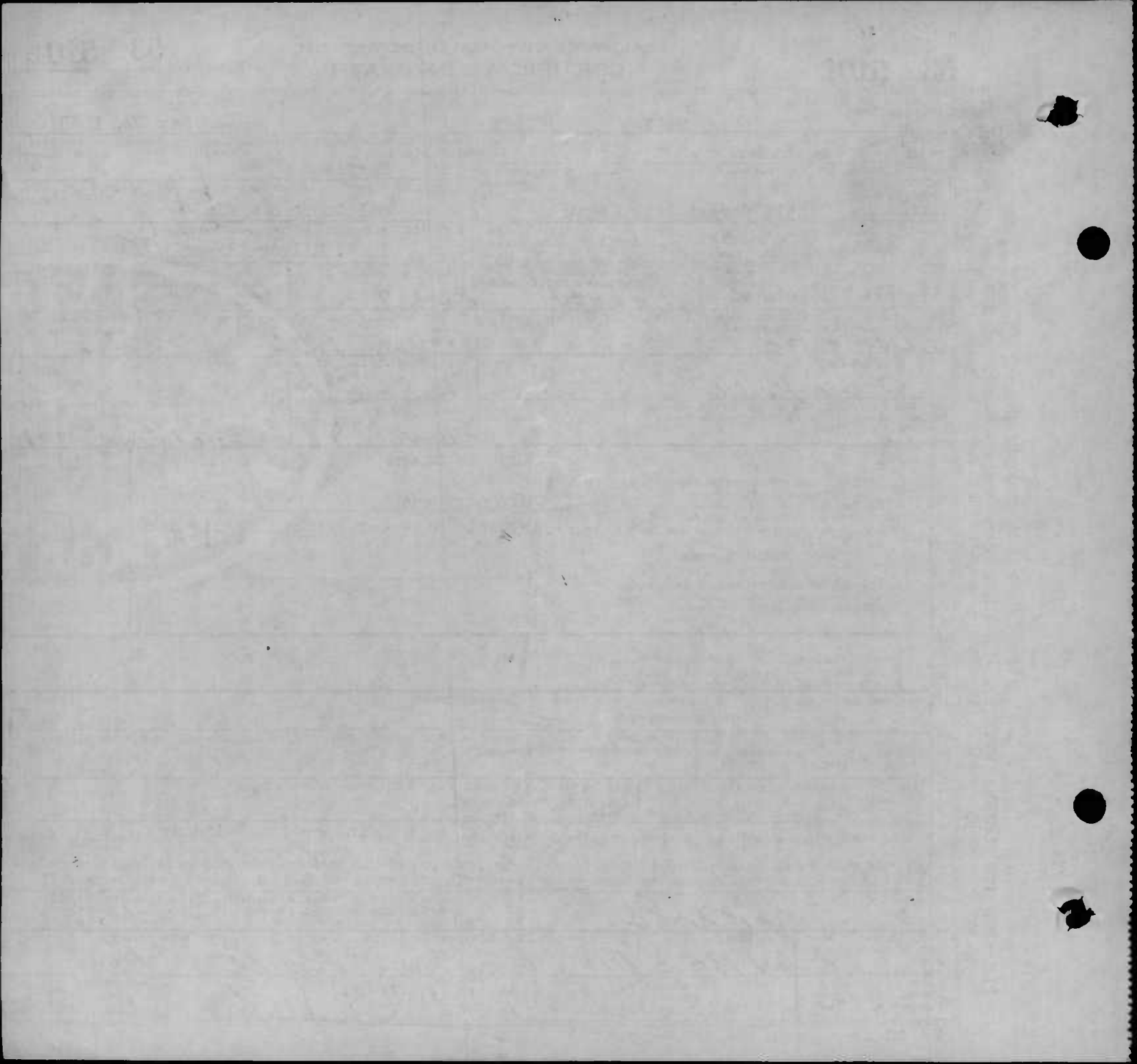
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 460
53 5101BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5101

1. NAME OF DECEASED (Type or Print) MARY FULLER		2. DATE OF DEATH May 27, 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Maryland b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION 4513 Forest Park Avenue		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 10 N. Gilmore Street	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 7, 1908
9. AGE (In years, last birthday) 45		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	11. BIRTHPLACE (State or foreign country) Tryon N.C.
10a. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Sam Bobo		14. MOTHER'S MAIDEN NAME Lillie Tucker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Lillian Stitt		ADDRESS 249 E. 127 St. Apt. 2C N.Y.C.	
18. 443X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary edema DUE TO Hypertensive cardiovascular disease ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)			INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21d. TIME (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23a. SIGNATURE J. R. Fisher		23b. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> M.D.	
23c. DATE SIGNED May 28, 1953			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/1/53	
24c. NAME OF CEMETERY OR CREMATORY W. H. H. Cemetery		24d. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 1 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Mr. Kate Williams		ADDRESS Schneider	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-132
53 5102BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5102

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		VIRGIE I. DAVIDSON		MAY 31-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MARYLAND		B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2211 Wilkens Ave		C. CITY OR TOWN (If outside corporate limits, write full name and give township) BALTIMORE CITY		D. STREET ADDRESS (If rural, give location) 2211 Wilkens Ave.	
c. Length of stay in Baltimore Yrs. Mos. Days		8. DATE OF BIRTH Sept: 17:1895		9. AGE (In years last birthday) 57	
5. SEX Female		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Laurel, Maryland	
13. FATHER'S NAME George H. Wells		14. MOTHER'S MAIDEN NAME Annie E. Dorsey		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT Everett B. Davidson-221 Wilkens Ave	
18. 410X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH myocardial failure - (A) DUE TO (B) Rheumatic carditis-mitral stenosis DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pulmonary infection		INTERVAL BETWEEN ONSET AND DEATH 2 yrs. ?	
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 1950 to May 31, 1953, that I last saw the deceased alive on May 30 1953, and that death occurred at 2 A m., from the causes and on the date stated above.					
23A. SIGNATURE Morris B. Kheuber		23B. ADDRESS 3506 Edmont Rd. M. D.		23C. DATE SIGNED 5-31-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 3:1953		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	
DATE RECEIVED BY LOCAL REGISTRAR JUN 1 1953		REGISTRAR'S SIGNATURE Huntington Williams		FUNERAL DIRECTOR F.B. Wippert & Son	
VS 150		F.B. WIPPERT & SON 1300 Eutaw Pl. 17			

2506. Ellmount Road.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

53 5103 5-536

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5103

BIRTH NO. *Ellie May SANDROCK*

1. NAME OF DECEASED (Type or Print) *ELLIE*

2. DATE OF DEATH *May 31, 1953*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Maryland*
B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION *Franklin Square Hospital*

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

7. STREET ADDRESS (If rural, give location)
511 S. Fulton Avenue

8. LENGTH OF STAY IN BALTIMORE
Yrs. Mos. Days

9. SEX *Female*

10. COLOR OR RACE *White*

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widow

12. DATE OF BIRTH *March 31, 1891*

13. AGE (In years last birthday) *62*

14. Under 1 Year Months Days

15. Under 24 Hours Hours Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

17. KIND OF BUSINESS OR INDUSTRY
Domestic

18. BIRTHPLACE (State or foreign country)
Ind.

19. CITIZEN OF WHAT COUNTRY?
U.S.A.

20. FATHER'S NAME
Casper Lebon

21. MOTHER'S MAIDEN NAME
Maria Leeds

22. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

23. SOCIAL SECURITY NO.

24. INFORMANT
Mrs. May Harris

25. ADDRESS
511 S. Fulton Ave

18. *E 812.4*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Fracture of Skull
~~XXXX~~
ANTECEDENT CAUSES
(B) Contusion of Brain
~~XXXX~~
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(C) Fracture of Both Ankles

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
Pratt and Gilmore Streets

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
5-29-53 9:30 P. m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?
Pedestrian struck by automobile

22. I certify that I took charge of the remains described above, held an *autopsy* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE
R. F. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
6-1-53

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
June 3-1953

24C. NAME OF CEMETERY OR CREMATORY
London Park

24D. LOCATION (City, town, or county) (State)
Baltimore Ind.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE
Thurston Hollister

25. FUNERAL DIRECTOR
George V. Schwab

ADDRESS
2101 E. Chalk. ave

V.S. 151 *N 804.2*

60-7 54

[Faint, mostly illegible text, possibly bleed-through from the reverse side of the page. The text appears to be organized into several paragraphs and possibly a table or list structure.]



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 5104BIRTH NO. 53 51041. NAME OF DECEASED
(Type or Print)MRS. ROSE MAAS2. DATE
OF
DEATH5/30/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Mary Hospital4. USUAL RESIDENCE (Where deceased lived before admission)
A. STATEMaryland

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5905 Kenwood5300

5. SEX

F

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)M

8. DATE OF BIRTH

July 20 - 19059. AGE (In years
last birthday)47If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Housewife10B. KIND OF BUSINESS OR
INDUSTRYAt Home

11. BIRTHPLACE (State or foreign country)

Hungary12. CITIZEN OF
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

John Gera

14. MOTHER'S MAIDEN NAME

Anna Joo15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)No16. SOCIAL
SECURITY NO.None

17. INFORMANT

John R. Maas 5905 Kenwood Ave

ADDRESS

18. 361X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Medullary Edema

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Cranioctomy

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH4 hrsII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

5/29/53

19B. MAJOR FINDINGS OF OPERATION

Surgery for Trigeminal Neuralgia

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/27, 1953 to 5/30, 1953 that I last saw the
deceased alive on 5/30, 1953, and that death occurred at 12:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Agnes Kell

M. D.

23B. ADDRESS

Mary Hosp.

23C. DATE SIGNED

5/30/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

June 2-53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county) (State)

Belair Rd. Balto. MdDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Deppel Bros. 7110 Belair Rd.

ADDRESS

MINISTRY OF HEALTH
CERTIFICATE OF DEATH

1911 1101



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. <u>53 5105</u>	
1. NAME OF DECEASED (Type or Print) <u>HELEN L. MAMOCK</u>			2. DATE OF DEATH <u>5-29-53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Balto.</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD</u> B. COUNTY <u>BALTO.</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Union Memorial Hosp.</u>			C. CITY OR TOWN (If outside corporate limits, write NEAR and give township) <u>Balto. 27-05</u>		
c. Length of stay in Baltimore <u>39 Yrs.</u>			D. STREET ADDRESS (If rural, give location) <u>6615 Fairdel Ave</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10-10-93</u>	9. AGE (In years last birthday) <u>59</u>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		
11. BIRTHPLACE (State or foreign country) <u>Germany</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13. FATHER'S NAME <u>William Hollman</u>			14. MOTHER'S MAIDEN NAME <u>Lina Falkenstein</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		
17. INFORMANT <u>Paul O. Mamock</u>			ADDRESS <u>6615 Fairdel Ave</u>		
18. <u>E916.0</u> CAUSE OF DEATH					INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>2ND + 3RD ° BURNS</u>					
ANTECEDENT CAUSES <u>70% of Body Area TRUNK - Legs - ARMS</u>					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>II</u>					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>6615 FAIRDEL 2715</u>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>5 2 53 23</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>Clothes caught on fire during fire in basement of home.</u>	
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <u>R. F. Fisher</u>			23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		
23C. DATE SIGNED <u>5-30-53</u>					
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>June 2-53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Parkwood Cem.</u>	
24D. LOCATION (City, town, or county) (State) <u>Taylor Ave Balto. Md</u>					
DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 1 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>R. Dipped Bros.</u>	
ADDRESS <u>7110 Belair Rd</u>					

2002

January

OFFICE OF THE
DEPUTY ATTORNEY GENERAL

1000



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 5106

Registered No. _____

B-300
53 5106

1. NAME OF DECEASED (Type or Print) Ernest F. Boyd			2. DATE OF DEATH May 28, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION Ashburton Nursing Home 3520 Hilton Road			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 12 yrs			D. STREET ADDRESS (If rural, give location) 1811 St. Paul St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 19, 1914	9. AGE (In years last birthday) 38 yrs	10. UNDER 1 Year Months: Days 11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Clerk		10B. KIND OF BUSINESS OR INDUSTRY Amoco Gas Co.	11. BIRTHPLACE (State or foreign country) Louisville, Ky		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Ernest F. Boyd			14. MOTHER'S MAIDEN NAME Louise Bucholtz		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 357-07-3180	17. INFORMANT ADDRESS Mrs. Omar Boyd, 2508 Poplar Drive,		
18. 345X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cachexia DUE TO Multiple Sclerosis DUE TO 12 yrs.			INTERVAL BETWEEN ONSET AND DEATH 1 month		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 18, 1953 to May 28, 1953 that I last saw the deceased alive on May 27, 1953 and that death occurred at 3.55P.m. , from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS 3403 Garrison Blvd.		23C. DATE SIGNED 5/29/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 1, 1953		24C. NAME OF CEMETERY OR CREMATORY Lorraine Cemetery	
24D. LOCATION (City, town, or county) (State) Woodlawn, Md.		24E. NAME OF REGISTRAR Huntington		24F. FUNERAL DIRECTOR E. Willis Lamoreau, 4510 Liberty Hgts Ave.	

VS 150

39066

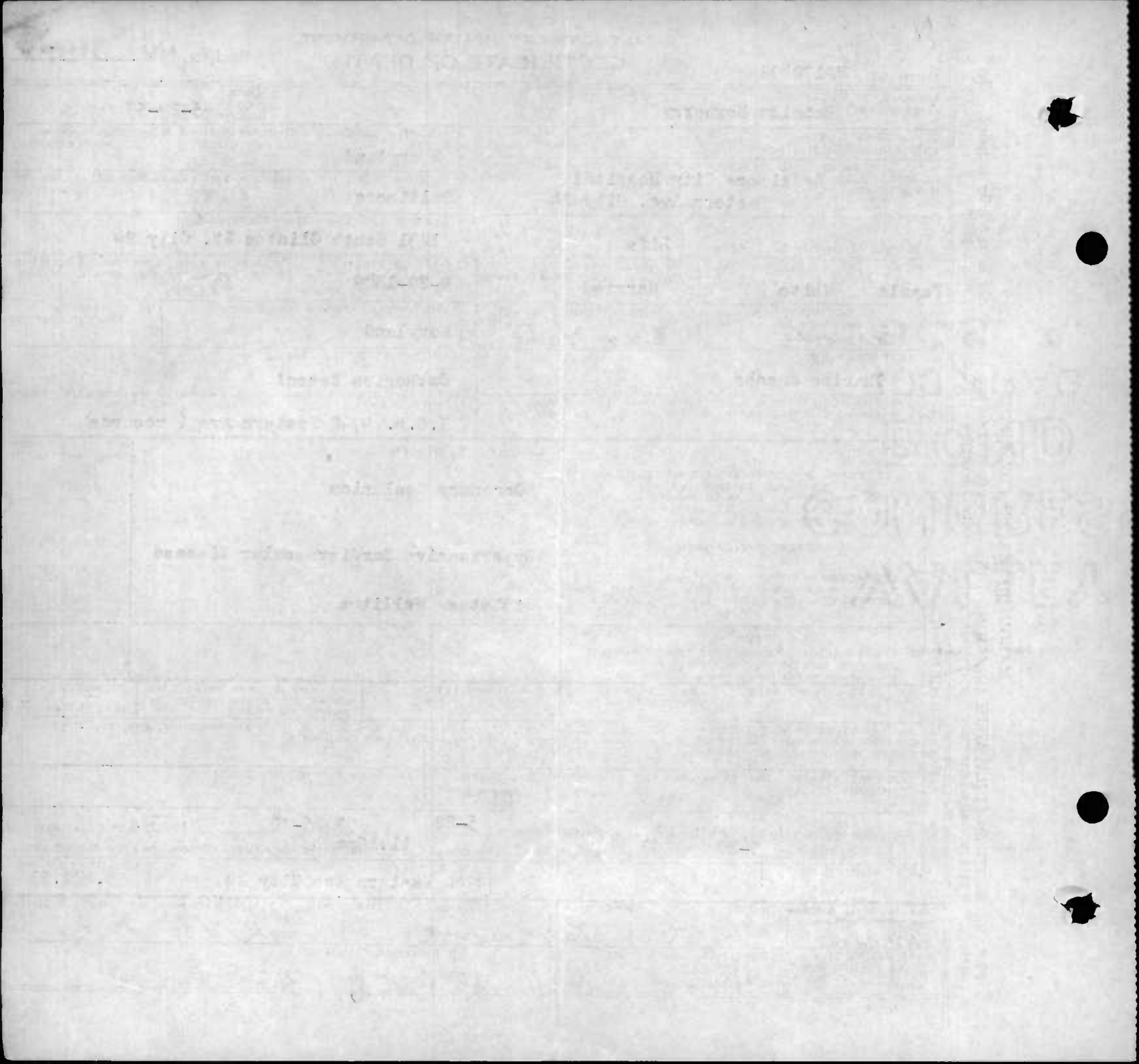
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 N-160 5107		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 5107	
BIRTH NO. FJ170492		1. NAME OF DECEASED (Type or Print) Estella Newberry		2. DATE OF DEATH 5-29-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospital 4940 Eastern Ave. City 24		D. STREET ADDRESS (If rural, give location) 1231 South Clinton St. City 24		E. LENGTH OF STAY IN BALTIMORE Life	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-29-1889	9. AGE (In years last birthday) 63	10. UNDER 1 Year Months: Days 11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Honor wife		10B. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Charles Jacobs		14. MOTHER'S MAIDEN NAME Catherine Bessel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS B.C.H. 4940 Eastern Ave (records)	
18. 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cardiovascular Disease		DUE TO Diabetes Mellitus			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 5-20 , 19 53 to 5-29 , 19 53 , that I last saw the deceased alive on 5-29 , 19 53 , and that death occurred at 11.15pm , from the causes and on the date stated above.		23A. SIGNATURE H. J. Jones	
23B. ADDRESS 4940 Eastern Ave City 24		23C. DATE SIGNED 5. 29. 53		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 6/2/53		24C. NAME OF CEMETERY OR CREMATORY Parkwood		24D. LOCATION (City, town, or county) (State) Parkville Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS 1217 St. Paul St.	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-660
53 5108BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5108

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Katherine A. Maurer

2. DATE
OF DEATH May 29, 19533. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1644 N. Washington Street

C. CITY OR TOWN (If outside corporate limits, write (RURAL) and give
Baltimore township)D. STREET ADDRESS (If rural, give location)
1644 N. Washington Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

October 25, 1907

9. AGE (In years
last birthday)

45

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Leslie Stancliff

14. MOTHER'S MAIDEN NAME

Louise Triesler

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Anna K. Rackensperger, 3126 Ravenwood Ave.

18. 442x I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Bronchi pneumonia

DUE TO

1 day

ANTECEDENT CAUSES

(B)

Hypertensive Cardiovascular Renal Disease

DUE TO

app 4 yrs

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 May, 1949, to 29 May, 1953, that I last saw the
deceased alive on 23 May, 1953, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

1513 N. Mt. Carmel Ave

23C. DATE SIGNED

29 May 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

6/2/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

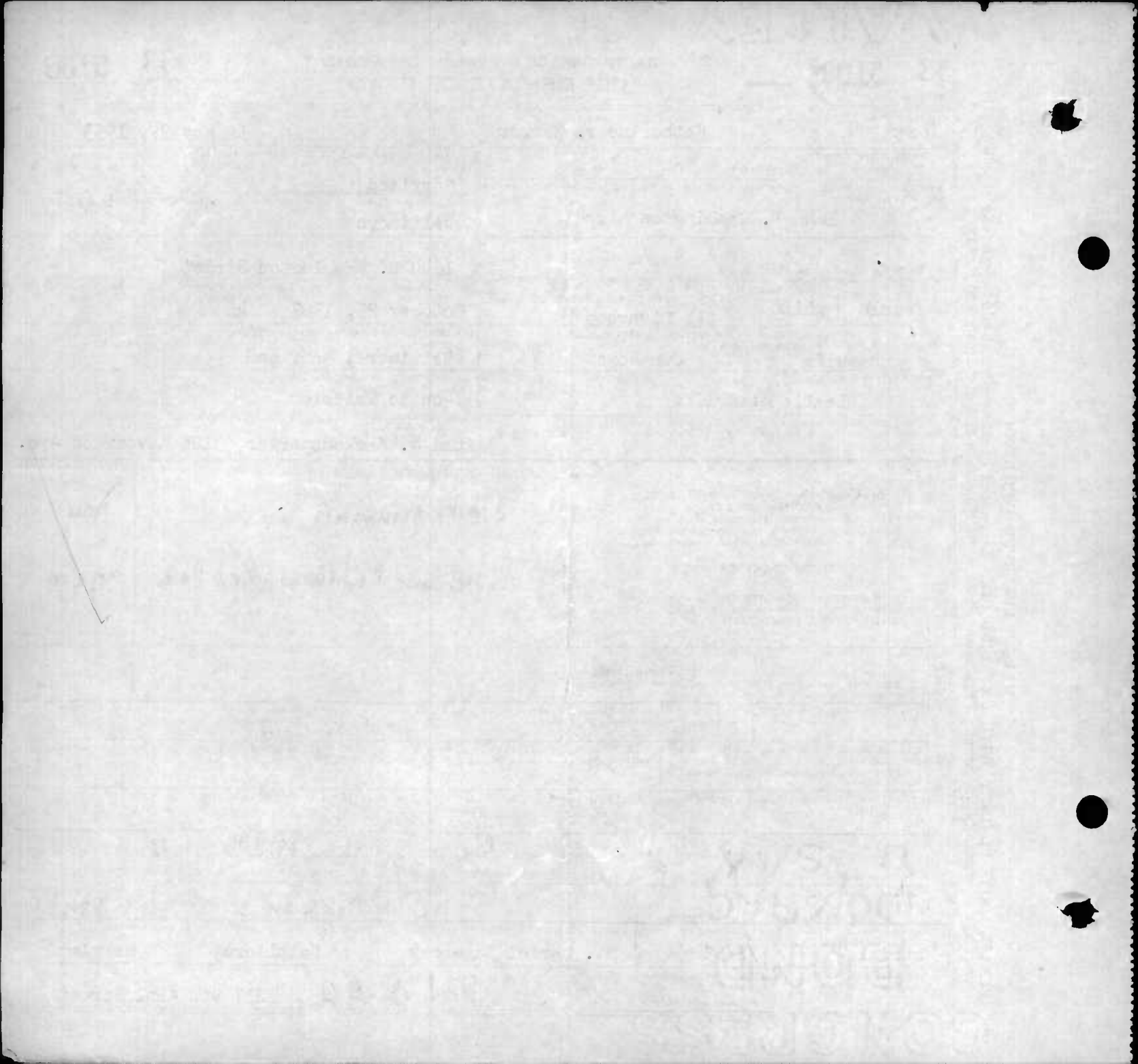
REGISTRAR'S SIGNATURE

Huntington-Wallace, M. Stm. Cook, Inc.,

25. FUNERAL DIRECTOR

ADDRESS

1217 St. Paul Street



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-345
BIRTH NO. 5109BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5109

1. NAME OF DECEASED (Type or Print) RIDDLING, CHARLES		2. DATE OF DEATH 5/31/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY BALTO	
B. FULL NAME OF HOSPITAL OR INSTITUTION UNIV. HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO 18-03	
C. Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) 1038 W. HOMBARD ST	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 4/2/75
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bank Dealer		9B. KIND OF BUSINESS OR INDUSTRY For self	
10. FATHER'S NAME GEORGE RIDDLING		11. BIRTHPLACE (State or foreign country) MD BALTO	
12. CITIZEN OF WHAT COUNTRY? USA		13. MOTHER'S MAIDEN NAME ANNIE Unknown	
14. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		15. SOCIAL SECURITY NO. ---	
16. INFORMANT Mrs Bertha Hudson		ADDRESS 3101 Henry ST	
18. E 900.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) FRacture - DISLOCATION, CERVICAL SPINE		INTERVAL BETWEEN ONSET AND DEATH 4 DAYS	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION APPROVED BY		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. William Updegraff M.D. CHIEF OR ASST. MEDICAL EXAMINER	
19A. DATE OF OPERATION 5/20/53	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED HOME	19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 1038 W HOMBARD 18/3	
20A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input checked="" type="checkbox"/>	20B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) HOME	20C. HOW DID INJURY OCCUR? FELL DOWN STAIRS	
21A. TIME (Month) (Day) (Year) (Hour) OF INJURY 5/20/53	21B. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21C. I hereby certify that I attended the deceased from 5/20/53 , 19 53 , to 5/31 , 19 53 , that I last saw the deceased alive on 5/31 , 19 53 , and that death occurred at 9:00 p.m., from the causes and on the date stated above.	
22A. SIGNATURE George B. Smith, Jr. M.D.		22B. ADDRESS Univ. Hospital Balto	
23A. BURIAL, CREMATION, REMOVAL (Specify) Burial		23B. DATE 6/3/53	
24A. NAME OF CEMETERY OR CREMATORY Landon Park Cem.		24B. LOCATION (City, town, or county) (State) 3901 Frederick Ave	
25. DATE RECEIVED BY LOCAL REGISTRAR JUN 1 1953		26. REGISTRAR'S SIGNATURE John J. Bowman	
27. FUNERAL DIRECTOR John J. Bowman		28. ADDRESS 1038 W. HOMBARD ST	

VS 150

N 805.0

5053 20

THE UNIVERSITY OF CHICAGO
LIBRARY

UNIVERSITY OF CHICAGO

LIBRARY

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5110

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary A. Groh

2. DATE
OF
DEATH

5/29/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

250 So. Baton Ave

C. CITY OR TOWN (If outside corporate limits, write "URBAN" and give township)

Baltimore

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

250 So. Baton Ave

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

3/17/1889

9. AGE (In years
last birthday)

64

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Martin Busick

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs Frank J. Groh

ADDRESS

250 So. Baton Ave

18. 433.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

5/30/53

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Left Bundle Branch Block 1/5-53

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/5-53, 1953, to 3/30, 1953, that I last saw the
deceased alive on 5/29, 1953 and that death occurred at 7:15 P. M., from the causes and on the date stated above.

23A. SIGNATURE

C. H. R. R. R.

23B. ADDRESS

2145 W. Baltimore St

23C. DATE SIGNED

5/31-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/2/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem

24D. LOCATION (City, town, or county)

4308 Old Frederick Ave

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Baltimore, Md.

25. FUNERAL DIRECTOR

John J. Cowan Son Hollins

ADDRESS

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

OFFICE OF THE DIRECTOR

REPORT OF THE
COMMISSIONER OF PLANT INDUSTRY
FOR THE YEAR 1911

UNITED STATES DEPARTMENT OF AGRICULTURE

BUREAU OF PLANT INDUSTRY

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 5111**

5-520
BIRTH NO. **53 5111**

1. NAME OF DECEASED (Type or Print) Jerrey Sanks			2. DATE OF DEATH May 27, 53		
3. PLACE OF DEATH: A. Baltimore City, Maryland 436 W. Henrietta			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY BALTO		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto Md		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 434 W Henrietta St		
5. SEX M	6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH		9. AGE (in years last birthday) 70
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Balto Md		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Sanks			14. MOTHER'S MAIDEN NAME Mary Smith		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) Cerebral Hemorrhage DUE TO	INTERVAL BETWEEN ONSET AND DEATH
	(B) hypertension DUE TO Cardiovascular	
	(C) Renal lesion	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 1, 1953** to **May 29, 1953**, that I last saw the deceased alive on **May 29, 1953**, and that death occurred at **8:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE M. E. ...	23B. ADDRESS 805 W. ...	23C. DATE SIGNED 5.29.53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 1, 1953	24C. NAME OF CEMETERY OR CREMATORY Not Ashburn
24D. LOCATION (City, town, or county) (State) Balto Md	25. FUNERAL DIRECTOR Isaac H. Brown Son	
DATE RECEIVED BY LOCAL REGISTRAR ...	REGISTRAR'S SIGNATURE Huntington ...	ADDRESS 188 W Montg omg St

701
A DEATH OR THE
CERTIFICATE OF DEATH

IN CASE OF DEATH
FURNISH TO THE
DEPARTMENT OF HEALTH
THE FOLLOWING INFORMATION
AS TO THE DEATH OF THE
PERSON WHOSE NAME IS
GIVEN IN THE FIRST LINE
OF THIS FORM

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 5112**

K-340
53 5112
BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Isaiah M. Kidwell,

2. DATE
OF
DEATH

May 29, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md.** B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

220 Chancery Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore,

D. STREET ADDRESS (If rural, give location)

220 Chancery Road

C. Length of stay in Baltimore

36 years

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Sept. 28, 1888

9. AGE (In years last birthday)

64

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Self-employed Store Owner, Liquor

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Prince George Co., Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Lemuel Kidwell

14. MOTHER'S MAIDEN NAME

Georgiana Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

yes

World War # 1

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Richard Kidwell, 403 Southway

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Acute Pulmonary Edema sudden

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST,

(B) DUE TO

Coronary Occlusion 1947

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **approx. 49 May**, 19**53** that I last saw the deceased alive on **5-21**, 19**53** and that death occurred at **7:15 p. m.**, from the causes and on the date stated above.

23A. SIGNATURE

Arthur Karfquin

M. D.

23B. ADDRESS

1532 Haverwood Rd.

23C. DATE SIGNED

5-30-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

June 3, 1953

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

4611 Park Heights Av

VS 150

29069

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

100 500

RECEIVED BY THE SECRETARY OF THE
DEPARTMENT OF DEAN

NOV 20 1957

RECEIVED BY THE SECRETARY OF THE
DEPARTMENT OF DEAN

[Faint, mostly illegible text and markings covering the majority of the page, including what appears to be a large circular stamp or seal in the lower right quadrant.]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 5113**
53 5113

BIRTH NO.

 1. NAME OF DECEASED
(Type or Print)

Nora E. Arnold

 2. DATE
OF
DEATH

May 30/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

 4. USUAL RESIDENCE (Where deceased lived. If institution: residence
STATE B. COUNTY before admission)

MD.
Baltimore

 B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR Mrs. Nellie Hood's Nursing
INSTITUTION Home, 5313 Edmondson Ave.

 C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Catonsville, Md.

D. STREET ADDRESS (If rural, give location)

647 Orpington Rd.
5352

c. Length of stay in Baltimore

33 yrs.

 Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

Married

8. DATE OF BIRTH

Nov. 19, 1875

9. AGE (In years

77

If Under 1 Year If Under 24 Hours

Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Pennsylvania

 12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Davis

14. MOTHER'S MAIDEN NAME

Catherine Seicrist

 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

 16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mary B. Norris, 647 Orpington Rd

 18. **443X**

CAUSE OF DEATH

 INTERVAL BETWEEN
ONSET AND DEATH

 DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

 (A) **Hypertensive arteriosclerotic**
DUE TO **cardio vascular disease**

ANTECEDENT CAUSES

 DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

 (B) **Cerebral hemorrhage**
DUE TO

(C)

 II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES ☐ NO ☐

 21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

 WHILE AT WORK ☐ NOT WHILE AT WORK ☐

 22. I hereby certify that I attended the deceased from **Oct. 9,** 19**37** to **May 30,** 19**53**, that I last saw the deceased alive on **May 30,** 19**53**, and that death occurred at **7:25A.** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4116 Edmondson Avenue
June 1, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 2/53

24C. NAME OF CEMETERY OR CREMATORY

Western Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

 DATE RECEIVED BY
LOCAL REGISTRAR

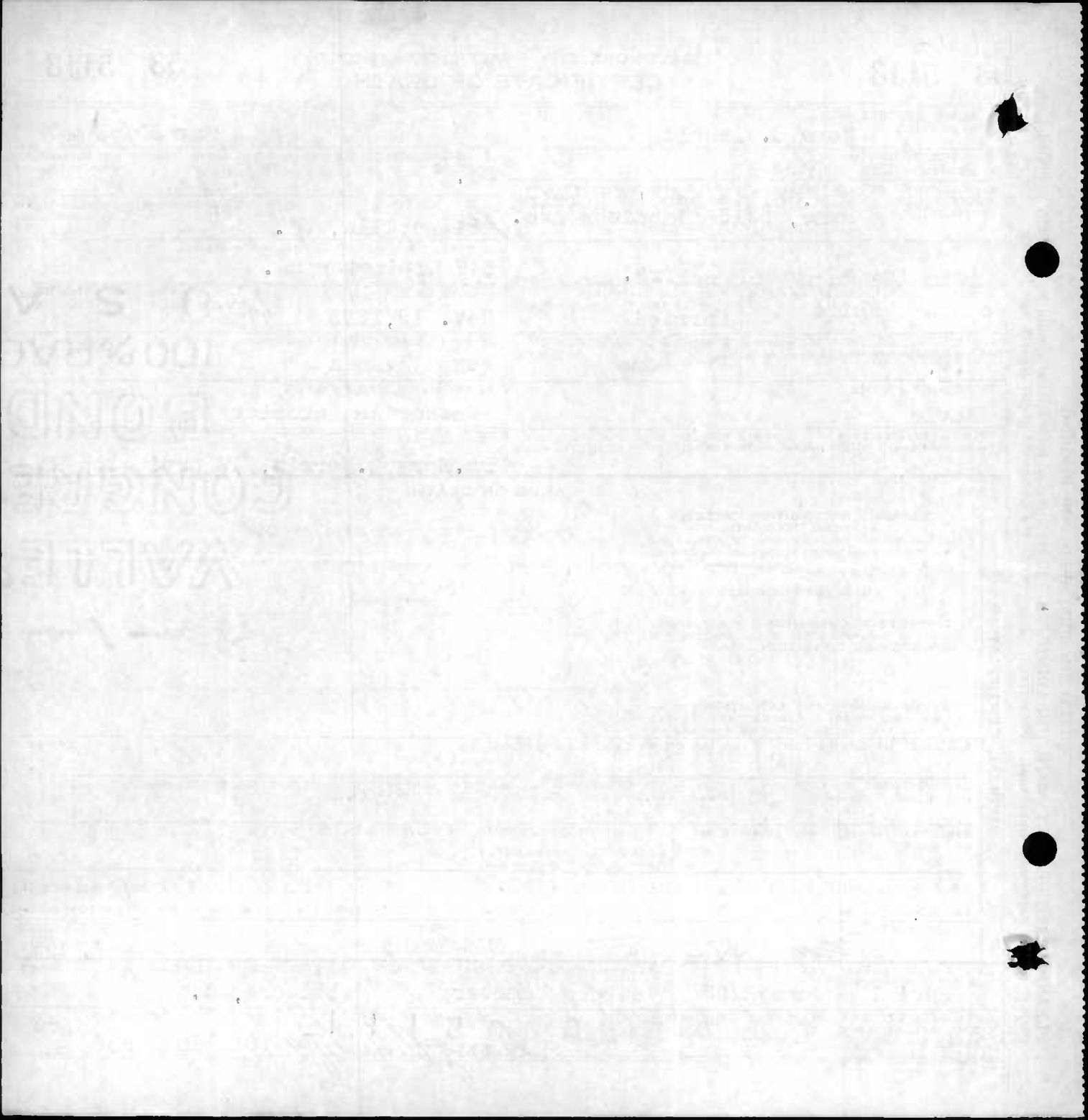
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 1 1953
Thurston H. H. H.
Harry N. H.
4101 Edmondson Ave
Ave

VS 150



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 5114D-120
53 5114
BIRTH NO.

1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
Leonora Debus			5/30/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION			A. STATE Md.		
2905 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location)		
Life			2905 Eastern Ave.		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months Days
female	white	married	6/14/86	66	11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
at home			Baltimore		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
George V. Kern			Dena Deihl		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		
			Gerlach Debus 2905 Eastern Ave.		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH		
ANTECEDENT CAUSES			INTERVAL BETWEEN ONSET AND DEATH		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(A) Diabetic Coma		
			DUE TO Diabetic Mellitus		
			(B) Hypertensive Cardio-vascular disease		
			DUE TO		
			(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
0				YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 18, 1953, to May 30, 1953, that I last saw the deceased alive on May 30, 1953, and that death occurred at 4:50 p.m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Andrew Turkowski		2529 Eastern Ave.		6-1-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		6/3/53		Moreland Mem. Pk.	
24D. LOCATION (City, town, or county) (State)		24E. NAME OF CEMETERY OR CREMATORY		24F. LOCATION (City, town, or county) (State)	
Baltimore Md.		Baltimore Md.		Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
JUN 1 1953		Huntington Williams M.D.		Clarence F. Hoffmann 1639 Broadway	

CERTIFICATE OF DEATH

DATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 5115**

53 5115
BIRTH NO.

1. NAME OF DECEASED
(Type or Print) **John J. Kelleher**

2. DATE OF DEATH **May 31 - 53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE **NY**

B. COUNTY **Albany**

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
617 E 35th St.

C. CITY OR TOWN

Buffalo

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

202 S. Hampton St

C. Length of stay in Baltimore **3 weeks**

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug 27 - 1881

9. AGE (In years last birthday)

71

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Production Engineer

10B. KIND OF BUSINESS OR INDUSTRY

Air Craft

11. BIRTHPLACE (State or foreign country)

Buffalo NY

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Seraminah Kelleher

14. MOTHER'S MAIDEN NAME

Mary Hall

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

050-12-7187

17. INFORMANT

Wm. Staller Partyka

ADDRESS

617 E 35th St

18. **420.0**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

coronary insufficiency

years -

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

arteriosclerosis

years -

(C)

arteriosclerotic heart disease

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to **May 31**, 19**53**, that I last saw the deceased alive on _____, 19____, and that death occurred at **5 A.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Donna

23B. ADDRESS

150 ENOCH Ave

23C. DATE SIGNED

6/1/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

6-53

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary

24D. LOCATION (City, town, or county)

Buffalo NY

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

St. Mary's 814 E 36th St

JUN 1 1953

VS 150

6903T

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CAUSE OF DEATH

REPORT BY PHYSICIAN

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

EDUCATION

OCCUPATION

RELIGION

ETHNICITY

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY

PLACE OF ENTRY

DATE OF DEPARTURE

PLACE OF DEPARTURE

DATE OF ARRIVAL

PLACE OF ARRIVAL

DATE OF DEPARTURE

PLACE OF DEPARTURE

DATE OF ARRIVAL

PLACE OF ARRIVAL

DATE OF DEPARTURE

PLACE OF DEPARTURE

DATE OF ARRIVAL

PLACE OF ARRIVAL

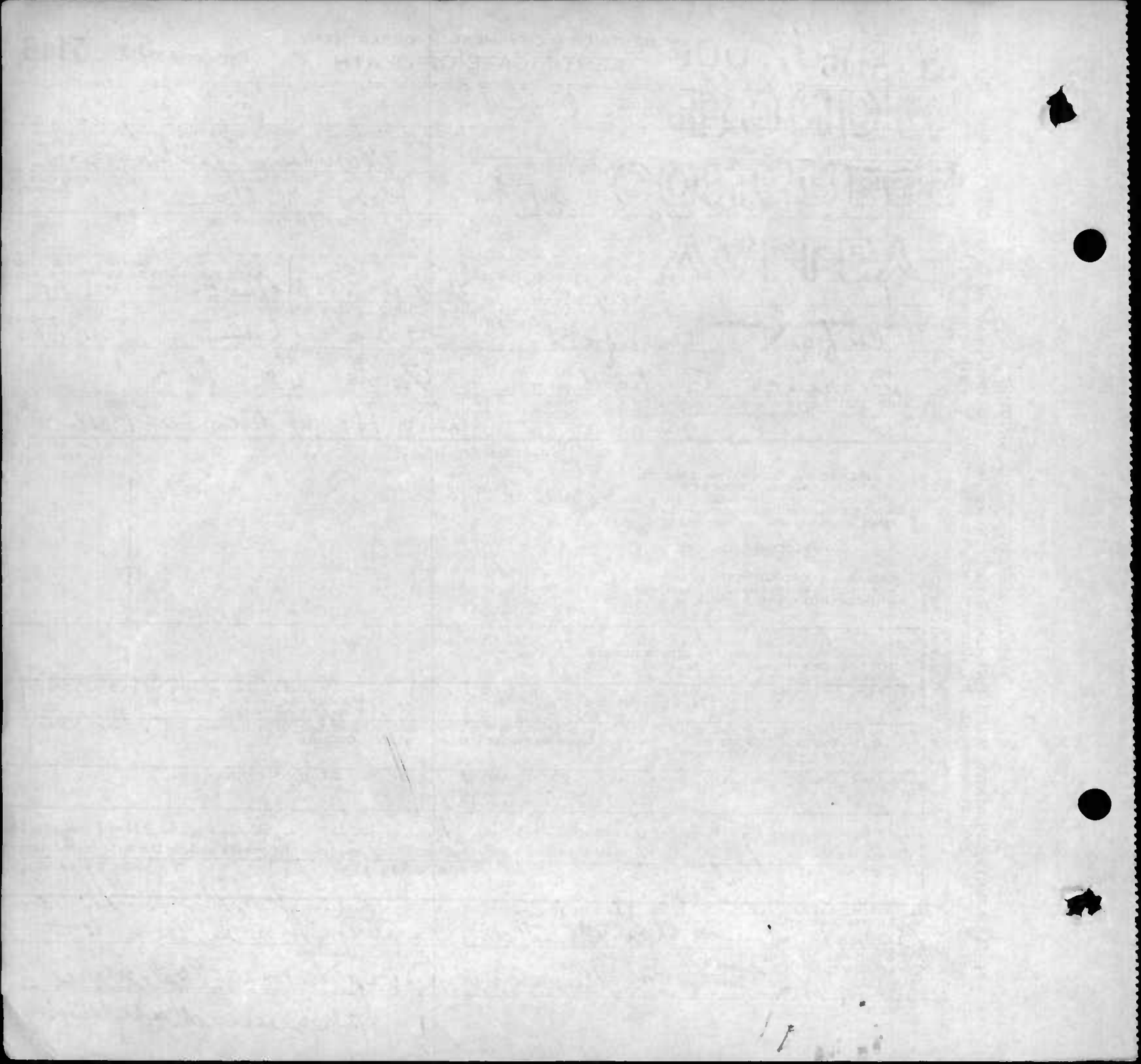
DATE OF DEPARTURE

PLACE OF DEPARTURE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-400		BALTIMORE CITY HEALTH DEPARTMENT		53 5116	
53 5116 Index		CERTIFICATE OF DEATH		Registered No. 53 5116	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) JAMES P. Kelly		2. DATE OF DEATH 5/31/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived before admission): A. STATE Maryland B. COUNTY Prince George's		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Perryville	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		D. STREET ADDRESS (If rural, give location) 5700		Yrs. Mos. Days	
c. Length of stay in Baltimore		5. SEX M 6. COLOR OR RACE W 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH May 11 - 1953 3 weeks	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, if retired) Infant		10B. KIND OF BUSINESS OR INDUSTRY Infant		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Clarence P. Kelly		14. MOTHER'S MAIDEN NAME David S. Fox		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Univ. Hosp Records - Balt. and	
18. 754.4 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH Congenital Heart Disease		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO		(B) DUE TO	
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/31 , 1953, to 5/31 , 1953 that I last saw the deceased alive on 5/31 , 1953, and that death occurred at 9:32 p. m. , from the causes and on the date stated above.					
23A. SIGNATURE Ray Payer		23B. ADDRESS University Hospital		23C. DATE SIGNED 6/1/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 4, 1953		24C. NAME OF CEMETERY OR CREMATORY St. John Cemetery	
24D. LOCATION (City, town, or county) (State) Harrods Grace, Md.		25. FUNERAL DIRECTOR Thurston Williams, M.D.		ADDRESS Barney and Sons	
DATE RECEIVED BY LOCAL REGISTRAR JUN 1 1953		REGISTRAR'S SIGNATURE Thurston Williams, M.D.		ADDRESS Aberdeen, Maryland	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Q-200

53 5117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 5117

BIRTH NO. 53-09630

1. NAME OF DECEASED
(Type or Print)

Baby Quick

2. DATE OF DEATH April 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Doctors Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

819 Wilbert Ave.

C. Length of stay in Baltimore

22 hours

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

April 26, 1953

9. AGE (In years, last birthday)

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min. 22

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Huston Daniel Quick

14. MOTHER'S MAIDEN NAME

Frances Glassell Steptee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mother

ADDRESS

819 Wilbert Ave.

18. 762.5 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Atc lectasis*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Prematurity*

(C)

INTERVAL BETWEEN ONSET AND DEATH

22 hrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-26-53, to 4-27-53, that I last saw the deceased alive on 4-27-53, and that death occurred at 4:50 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Anthony F. Carozza

23B. ADDRESS

5217 York Rd

23C. DATE SIGNED

4-27-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

24B. DATE

May 2, 1953

24C. NAME OF CEMETERY OR CREMATORY

Doctors Hospital

24D. LOCATION (City, town, or county)

Baltimore 18, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

ADDRESS

JUN 1 1953

VS 150

DEPARTMENT OF HEALTH AND HUMAN SERVICES
UNITED STATES OF AMERICA
STATE OF CALIFORNIA
BUREAU OF VITAL RECORDS
OFFICE OF THE REGISTRAR
DIVISION OF VITAL RECORDS
1001 S. STANISLAUS AVENUE
SACRAMENTO, CALIF. 95833
TEL. (916) 225-1234
FAX (916) 225-1235

REGISTRATION
NEW YORK STATE

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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FAX (916) 225-1235

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-120 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

53 5118

CERTIFICATE OF DEATH

Reg. Dist. No. 53 5118

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY of Baltimore		MARYLAND		STATE of Maryland		COUNTY	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		Baltimore City 25-52	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Hood Convalescent Home #5313 Edmondson Avenue		STREET ADDRESS		1810 DeSoto Road	
3. NAME OF DECEASED: (Type or Print)		(First) Effie		(Middle) Cubbage		(Last)	
5. SEX: Female		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed		8. DATE OF BIRTH: August 15, 1884	
9. AGE last birthday: 68 yrs.		10. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife		11. BIRTHPLACE (State or foreign country): Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: unknown Jenkins		14. MOTHER'S MAIDEN NAME: Martha unknown		15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY No.: (If Yes, give war or dates of service)	
17. INFORMANT & ADDRESS: Donald Cubbage - Son		18. MEDICAL CERTIFICATION		19. DATE OF OPERATION: 0		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death		21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)		22. I hereby certify that I attended the deceased from 7/1, 1953, to 5/30, 1953, that I last saw the deceased alive on 5/30, 1953, and that death occurred at 11:05 AM from the causes and on the date stated above.	
420.1 Immediate cause (a) CORONARY THROMBOSIS		DUE TO		23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)		24. FUNERAL DIRECTOR ADDRESS	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) PERITONITIS - SEVERE		DUE TO		Burial June 2, 1953 Loudon Park Cemetery Baltimore, Md.		G. Russell Thomas - 4204 Leeds Avenue Balto., 29, Md.	
(c)		19a. DATE OF OPERATION: 0		19b. MAJOR FINDINGS OF OPERATION		DATE RECD BY LOCAL REGISTRAR 1953	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION: 0		19b. MAJOR FINDINGS OF OPERATION		DATE RECD BY LOCAL REGISTRAR 1953	
19a. DATE OF OPERATION: 0		19b. MAJOR FINDINGS OF OPERATION		19c. DATE OF OPERATION: 0		19d. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)		22. I hereby certify that I attended the deceased from 7/1, 1953, to 5/30, 1953, that I last saw the deceased alive on 5/30, 1953, and that death occurred at 11:05 AM from the causes and on the date stated above.		23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)		24. FUNERAL DIRECTOR ADDRESS	
TIME (Month) (Day) (Year) (Hour) OF INJURY m. INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/> HOW DID INJURY OCCUR?		23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)		24. FUNERAL DIRECTOR ADDRESS		DATE RECD BY LOCAL REGISTRAR 1953	
23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)		24. FUNERAL DIRECTOR ADDRESS		DATE RECD BY LOCAL REGISTRAR 1953		DATE RECD BY LOCAL REGISTRAR 1953	

SMC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

H-650
53 5119

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 5119
Registered No.

1. NAME OF DECEASED (Type or Print)		FRANK HERRMAN		2. DATE OF DEATH May 31, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rosedale			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1216 62nd Street 26-34			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 29-1896	9. AGE (in years last birthday) 67	10. Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10B. KIND OF BUSINESS OR INDUSTRY own Business		11. BIRTHPLACE (State or foreign country) Hartford Conn	
13. FATHER'S NAME Peter O Herrman		14. MOTHER'S MAIDEN NAME Hannah E Warr		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mr Warren Herrman 8862 Belair Rd	
18. E812.4 and 322.0 CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) ...Crushing Injury of the Chest... DUE TO ANTECEDENT CAUSES (B) ... DUE TO (C) ...					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Acute Alcoholism					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Route 40 at Lakedale Avenue 5300	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 5-31-53 8:55 P.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? pedestrian struck by automobile inspection & inquiry	
22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER... M.D. ASSISTANT MEDICAL EXAMINER... MEDICAL INVESTIGATOR...		23C. DATE SIGNED 6-1-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/3/53		24C. NAME OF CEMETERY OR CREMATORY Moreland M.M.P. Cem	
24D. LOCATION (City, town, or county) (State) Baltimore Md		24E. DATE RECEIVED BY LOCAL REGISTRAR JUN 4 1953		24F. REGISTRAR'S SIGNATURE Huntington	
25. FUNERAL DIRECTOR Lassahn Funeral Home 7401 Belair Rd		25. ADDRESS			

8-17-50

10-17-50

11-17-50

12-17-50

1-17-51

2-17-51

3-17-51

4-17-51

5-17-51

6-17-51

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8-17-51

9-17-51

10-17-51

11-17-51

12-17-51

1-17-52

2-17-52

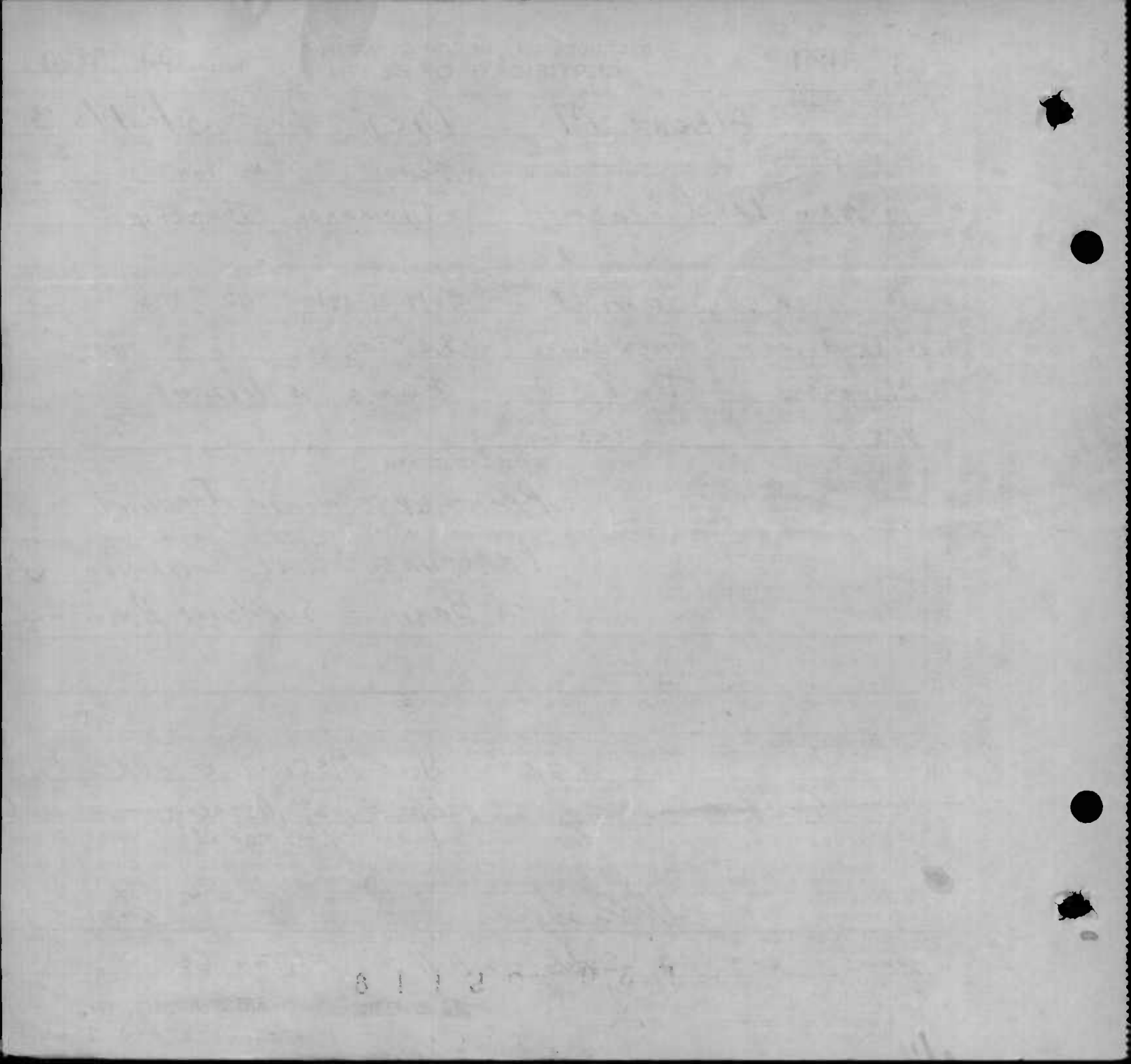
3-17-52

51120000

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. <u>53 5120</u>	
1. NAME OF DECEASED (Type or Print) <u>Albert M. Dick</u>			2. DATE OF DEATH <u>5/31/53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Penn.</u> B. COUNTY <u>Fulton</u>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>MARYLAND General</u>			C. CITY OR TOWN (If outside corporate limits, write full name and give township) <u>Thompson Township</u>		
c. Length of stay in Baltimore <u>3</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location)		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>July 31 1910</u>	9. AGE (In years, last birthday) <u>42</u>	10. Under 1 Year Months: Days <u>10</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>truck driver</u>			11. BIRTHPLACE (State or foreign country) <u>Saxton</u>		
10B. KIND OF BUSINESS OR INDUSTRY <u>Truck driver</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13. FATHER'S NAME <u>Clarence Dick</u>			14. MOTHER'S MAIDEN NAME <u>Emma Williams</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>yes</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>unknown</u>		
17. INFORMANT			ADDRESS		
18. <u>E821.4</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO <u>BRONCHIO PNEUMONIA - Terminal</u> ANTECEDENT CAUSES DUE TO <u>FRACTURE SKULL - Laceration of Brain - Subdural Hematoma</u> DUE TO <u>of Brain - Subdural Hematoma</u> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>STREET</u>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>V-35 Near McCONNELLSBURG, PA.</u>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>5-22-53</u>		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR? <u>Operator of Motorcycle - Overtaken</u>	
22. I certify that I took charge of the remains described above, held an <u>AUTOPSY</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <u>R. Fisher</u>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <u>5-31-53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24B. DATE <u>6-3-53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Siddling Hill</u>	
24D. LOCATION (City, town, or county) (State) <u>Fulton Co.</u>		25. FUNERAL DIRECTOR <u>J. E. ELNE</u> ADDRESS <u>REISTERSTOWN, MD.</u>			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		REISTERSTOWN, MD.	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 5121**

53 5121
BIRTH NO.

1. NAME OF DECEASED
(Type or Print) **LOUISE SMEARMAN**

2. DATE OF DEATH **May 30, 1953**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
1500 Round Hill Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

C. Length of stay in Baltimore **70 years**
Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)
1500 Roundhill Road

5. SEX
F

6. COLOR OR RACE
W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widow

8. DATE OF BIRTH
July 4, 1868

9. AGE (In years last birthday) **84**
If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10B. KIND OF BUSINESS OR INDUSTRY
At Home

11. BIRTHPLACE (State or foreign country)
Germany

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME
Henry Kreamer

14. MOTHER'S MAIDEN NAME
Margaret ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
None

17. INFORMANT **1500 Round Hill Road 18 Mrs. Stephen Sopcisak**

18. **199.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Generalized Carcinomatosis

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
Carcinoma left foot

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
None

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan. 2, 1950**, to **5/30, 1953**, that I last saw the deceased alive on **5/30, 1953**, and that death occurred at **4:30 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
burial

24B. DATE
6/2/53

24C. NAME OF CEMETERY OR CREMATORY
First Evangelical Cem.

24D. LOCATION (City, town, or county) (State)
Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR
JUN 2 1953

REGISTRAR'S SIGNATURE
H. H. Hinton

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC. BALTO., 13, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BELLEVILLE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1110000

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 5122
Registered No.

53 5122
BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MORRIS HUMMEL

2. DATE
OF
DEATH

6-1-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

3616 Reisterstown Rd. Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3616 Reisterstown Rd

c. Length of stay in Baltimore

50
Yrs.
Mos.
Days

6. SEX

Male

7. COLOR OR RACE

White

8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

9. DATE OF BIRTH

10. AGE (In years last birthday)

68

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Jessie

14. MOTHER'S MAIDEN NAME

Freeda

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Helia Hummel - Daughter

18. **443 X and 260 X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **Cor Pulmonale**

DUE TO **Diabetes Mellitus**

Hypertensive C.V. Disease

(B) **Cathartic Bronchitis**

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

6 yrs +

6 yrs +

10 yrs +

20 +

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1943** to **6/1**, 19**53** that I last saw the deceased alive on **5/29**, 19**53** and that death occurred at **5A** m., from the causes and on the date stated above.

23A. SIGNATURE

George Sherfaty

M. D.

23B. ADDRESS

5106 Park Heights Ave

23C. DATE SIGNED

6/1/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6-2-53

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Balto, Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

McGee & Lewis

ADDRESS

2100 Centaur Pl

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

Shawfots

~~5106 Park Hgts~~
Fu 2 7038

5106 Park Hgts

10PM

D-540 TO BE APPROVED BY MEDICAL EXAMINER

5123

53 5123

Registered No.

53 5123

1. NAME OF DECEASED (Type or Print) Deimel, Frances Alipia			2. DATE OF DEATH June 1, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 218 E. Preston Street		
5. SEX Female	6. COLOR OR RACE White	7. Single Married WIDOWED. (Specify)	8. DATE OF BIRTH Jan. 14, 1872	9. AGE (In years last birthday) 81	10. Under 1 Year Months: 4 Days: 17
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S. A.
13. FATHER'S NAME John Marcus Hartel		14. MOTHER'S MAIDEN NAME Elizabeth Spohrer		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No	
16. SOCIAL SECURITY NO. 218-07-9160D		17. INFORMANT ADDRESS Miss Lillie M. Deimel-218 E. Preston St.			
18. 422.1 and E96x.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypostatic pneumonia (A) DUE TO Arteriosclerotic cardiovascular disease (B) DUE TO Obesity; Fracture femur- 3 years ago (C) DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CERTIFICATION APPROVED BY left Obesity; Fracture femur- 3 years ago CHIEF OR ASST. MEDICAL EXAMINER		
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Own home		21C. WHERE DID INJURY OCCUR? 218 E. Preston Street	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY May, 1950 ?		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Slipped on rug	
22. I hereby certify that I attended the deceased from July 27 , 1950 to June 1 , 1953 that I last saw the deceased alive on June 1 , 1953 and that death occurred at 6:03 am. , from the causes and on the date stated above.					
23A. SIGNATURE B. J. Velez		23B. ADDRESS 1400 N. Caroline Street		23C. DATE SIGNED June 1, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-4-53		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	
24D. LOCATION (City, town, or county) (State) Belair Rd. Balto: Md.		25. FUNERAL DIRECTOR ADDRESS George G. Ruth, Inc. -1735 Harford Avenue			

VS 150

N 821.9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

<p>1. Name of deceased: <i>John A. Doe</i></p>	
<p>2. Sex: <i>Male</i></p>	
<p>3. Date of birth: <i>Jan. 15, 1890</i></p>	
<p>4. Date of death: <i>Jan. 20, 1940</i></p>	
<p>5. Place of death: <i>St. Joseph's Hospital</i></p>	
<p>6. Cause of death: <i>Myocardial infarction</i></p>	
<p>7. Manner of death: <i>Natural</i></p>	
<p>8. Signature of physician: <i>Dr. J. H. Smith</i></p>	
<p>9. Signature of registrar: <i>John A. Doe</i></p>	
<p>10. Signature of informant: <i>John A. Doe</i></p>	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5124

BIRTH NO. 53 5124

1. NAME OF DECEASED
(Type or Print)

Elsie L Malone

2. DATE
OF
DEATH

5-31-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore, Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

27-03

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore, Md.

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2901 Ruekert Ave #14

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

JUNE 1880

9. AGE (in years
last birthday)

72

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

AT HOME

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Edward C. Coole

14. MOTHER'S MAIDEN NAME

ELIZABETH YOUNG

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. ETTA M. MINNICK - Ruekert 2901

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Metastatic carcinoma

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) CANCER OF Right Colon

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Feb. 1953

19B. MAJOR FINDINGS OF OPERATION

CA of RT. COLON

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-2, 1953, to 5-31, 1953, that I last saw the
deceased alive on 5-30, 1953, and that death occurred at 7²⁵ A.M., from the causes and on the date stated above.

23A. SIGNATURE

ERaffell

M. D.

23B. ADDRESS

MARYLAND GEN. HOSP.

23C. DATE SIGNED

5-31-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-2-1953

24C. NAME OF CEMETERY OR CREMATORY

ST. Paul's Cem

24D. LOCATION (City, town, or county)

BaltO

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

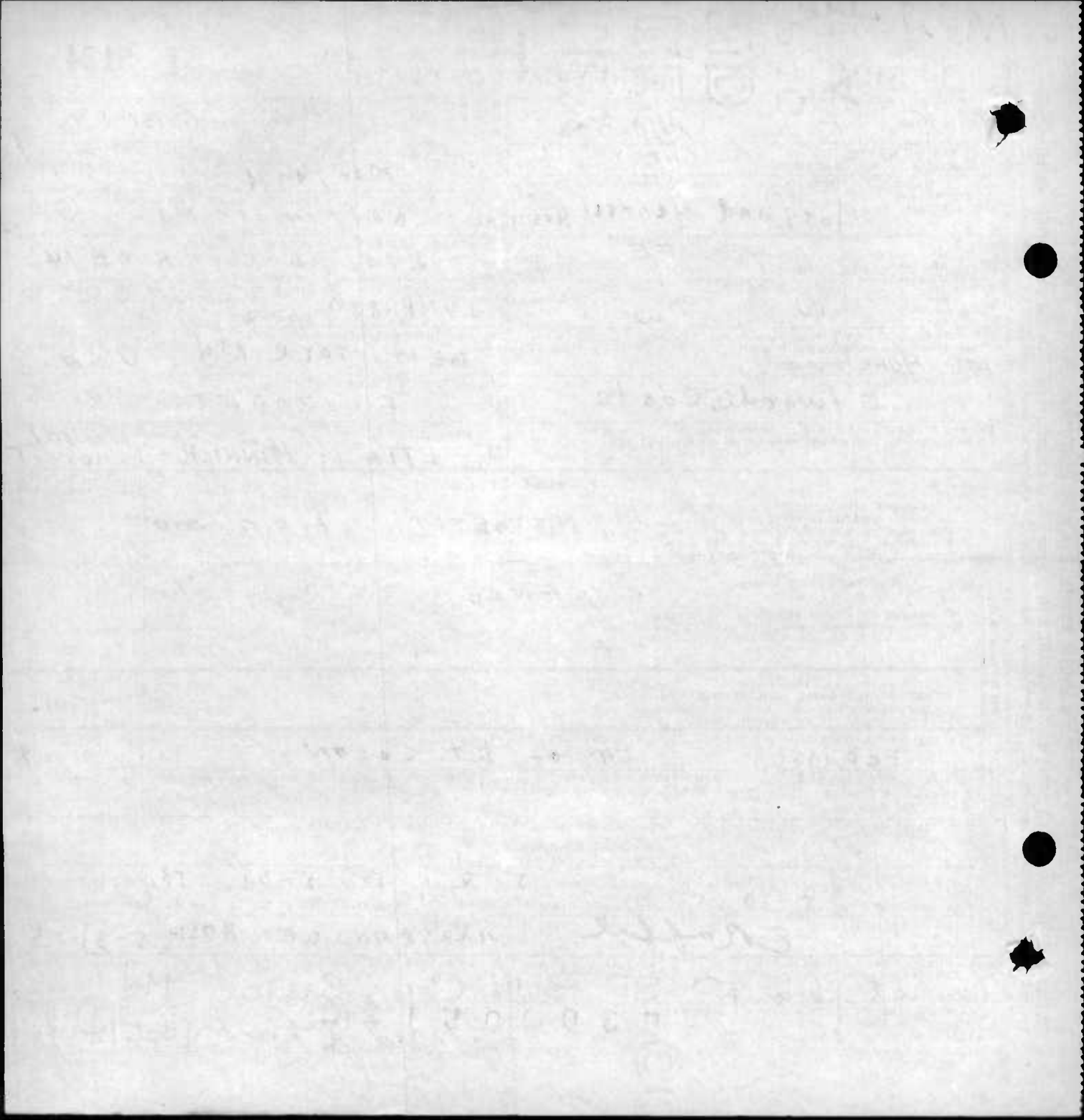
Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Leonard J. Luck

ADDRESS

5305 Harbor



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 5125**

BIRTH NO. **53 5125**

1. NAME OF DECEASED (Type or Print) Ida G. Thoumaian		2. DATE OF DEATH May 30, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 3614 Keene Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-44	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3614 Keene Avenue	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 30, 1887
9. AGE (In years last birthday) 65		10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Hutchinson		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. Armen H. Thoumaian, 3614 Keen Avenue		ADDRESS	
18. 332X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis DUE TO ANTECEDENT CAUSES Arteriosclerosis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. None II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 mo.	
19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 19 March, 1953 , to 30 May, 1953 , that I last saw the deceased alive on 21 May, 1953 , and that death occurred at 5:30 a. m. , from the causes and on the date stated above.			
23A. SIGNATURE John C. Osburn		23B. ADDRESS 5601 Harford Rd	
24A. BURIAL CREMATION, REMOVAL (Specify) Burial		24B. DATE June 2, 1953	
24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR JUN 2 1953		25. FUNERAL DIRECTOR Leonard J. Ruek, 5305 Harford Road #14	
REGISTRAR'S SIGNATURE Huntington Williams, M. D.		ADDRESS	

VS 150

Dr. Osbourne

5600 Harford Road

~~7-3~~

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 5126

BIRTH NO. 53 5126

1. NAME OF DECEASED
(Type or Print)

Sprigg, Anna Delma

2. DATE
OF
DEATH

June 1, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR

St. Joseph's

C. CITY OR TOWN

Baltimore

8-05

D. STREET ADDRESS (If rural, give location)

1659 Cliftview Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 15 - 1890

9. AGE (In years last birthday)

63

10. Under 1 Year Months: Days
11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Hwfe.

10B. KIND OF BUSINESS OR INDUSTRY

Own home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

HARMAN SMITH

14. MOTHER'S MAIDEN NAME

Mary Alice Forsyth

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mr. Arthur L. Sprigg - Cliftview

ADDRESS 1659

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic cardiovascular disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from June 1, 1953, to June 1, 1953 that I last saw the deceased alive on June 1, 1953, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

R. Brinelli

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

June 1, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 4 - 1953

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24D. LOCATION (City, town, or county)

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Leonard J. Ruck

ADDRESS

5305 Harford

STATE OF NEW YORK
CERTIFICATE OF DEATH

1958

18

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Age at Death

Sex

Color

Marital Status

Occupation

Education

Religion

Usual Residence

Place of Birth

Country of Birth

Signature of Physician

Signature of Registrar

Signature of Informant

Signature of Witness

Signature of Coroner

Signature of Medical Examiner

Signature of Funeral Home

Signature of Burial Place

Signature of Cemetery

Signature of Interment

Signature of Burial

Signature of Burial

Signature of Burial

Signature of Burial

Signature of Burial

Signature of Burial

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 5127**

 BIRTH NO. **53 5127**

 1. NAME OF DECEASED
(Type or Print)

Bessie Cohen

 2. DATE
OF
DEATH

May 31 / 53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

8. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3122 Mondawmin Ave

c. Length of stay in Baltimore

46 yrs.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

 A. STATE **Maryland**

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-37

D. STREET ADDRESS (If rural, give location)

3122 Mondawmin Avenue

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

USA.

13. FATHER'S NAME

Nathan Hoberman

14. MOTHER'S MAIDEN NAME

Chai ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Joseph Cohen - 3122 Mondawmin Ave

 18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

 (A) **Coronary Artery vessel**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

 (B)
DUE TO
(C)

 II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

 WHILE AT WORK ☐ NOT WHILE AT WORK ☐

 22. I hereby certify that I attended the deceased from **1948**, to **5/31**, 19**53** that I last saw the deceased alive on **5/31**, 19**53**, and that death occurred at **10** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial
6/2/53
7401 Zion Road Baltimore, Md
Baltimore, Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 2 1953
Huntington Williams, Jr.
501 S. Lincoln St. - 1124-26 W.
North Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-250		CERTIFICATE CORRECTED		6-8-53		53 5128		53 5128	
BALTIMORE CITY HEALTH DEPARTMENT		BALTIMORE CITY HEALTH DEPARTMENT		BALTIMORE CITY HEALTH DEPARTMENT		BALTIMORE CITY HEALTH DEPARTMENT		BALTIMORE CITY HEALTH DEPARTMENT	
BIRTH NO.		BIRTH NO.		BIRTH NO.		BIRTH NO.		BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Edward McKenna		2. DATE OF DEATH June 1, 1953							
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Prince George's							
b. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Winchester							
c. Length of stay in Baltimore Yrs. 0 Mos. 0 Days 0		d. STREET ADDRESS (If rural, give location) 458 Eastern Parkway							
5. SEX male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 6-7-13	9. AGE (In years last birthday) 59	10. Under 1 Year Months 0 Days 0	11. Under 24 Hours Hours 0 Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Writer		10b. KIND OF BUSINESS OR INDUSTRY Free Lance		11. BIRTHPLACE (State or foreign country) New York		12. CITIZEN OF WHAT COUNTRY? U.S.			
13. FATHER'S NAME William McKenna		14. MOTHER'S MAIDEN NAME Jenny Hanlon							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS			
18. 150X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Carcinoma of Esophagus		CAUSE OF DEATH Carcinoma of Esophagus		INTERVAL BETWEEN ONSET AND DEATH 6 months					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) _____		(C) _____					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
19a. DATE OF OPERATION 5-25-53		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED Carcinoma of Esophagus		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?					
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 5-14 , 19 53 , to 6-1 , 19 53 , that I last saw the deceased alive on 6-1 , 19 53 , and that death occurred at 4:25 PM , from the causes and on the date stated above.									
23a. SIGNATURE Harold E. [Signature]		23b. ADDRESS JOHNS HOPKINS HOSPITAL		23c. DATE SIGNED 6-1-53					
24a. FUNERAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 4, 1953		24c. NAME OF CEMETERY OR CREMATORY Holy Cross		24d. LOCATION (City, town, or county) (State) Brooklyn, N.Y.			
DATE RECEIVED BY LOCAL REGISTRAR JUN 2 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Leo S. [Signature]		ADDRESS 1701-03 N. Patterson Park			

1935

Chas. W. Brown

WALLEY

1000

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1000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5129

BIRTH NO. 53 5129

1. NAME OF DECEASED
(Type or Print)

Esther Kinger

2. DATE
OF
DEATH

June 1, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1517 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Balto. City

D. STREET ADDRESS (If rural, give location)

1517 Eastern Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

1879

9. AGE (In years
last birthday)

74

11 Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Lithuania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Mieabis

14. MOTHER'S MAIDEN NAME

2

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Peter P. Kinger 1517 Eastern Ave.

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

5/31/53

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardio-Vascular Dis

3/6/50

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 6, 1950, to June 1, 1953, that I last saw the
deceased alive on June 1, 1953, and that death occurred at 11:45 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph F. Brenja

23B. ADDRESS

209 S. Chester St

23C. DATE SIGNED

6/2/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Removal June 2-1953 Penna R. R

Wilkes Barre Pa.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 2 1953

Huntington W. Va.

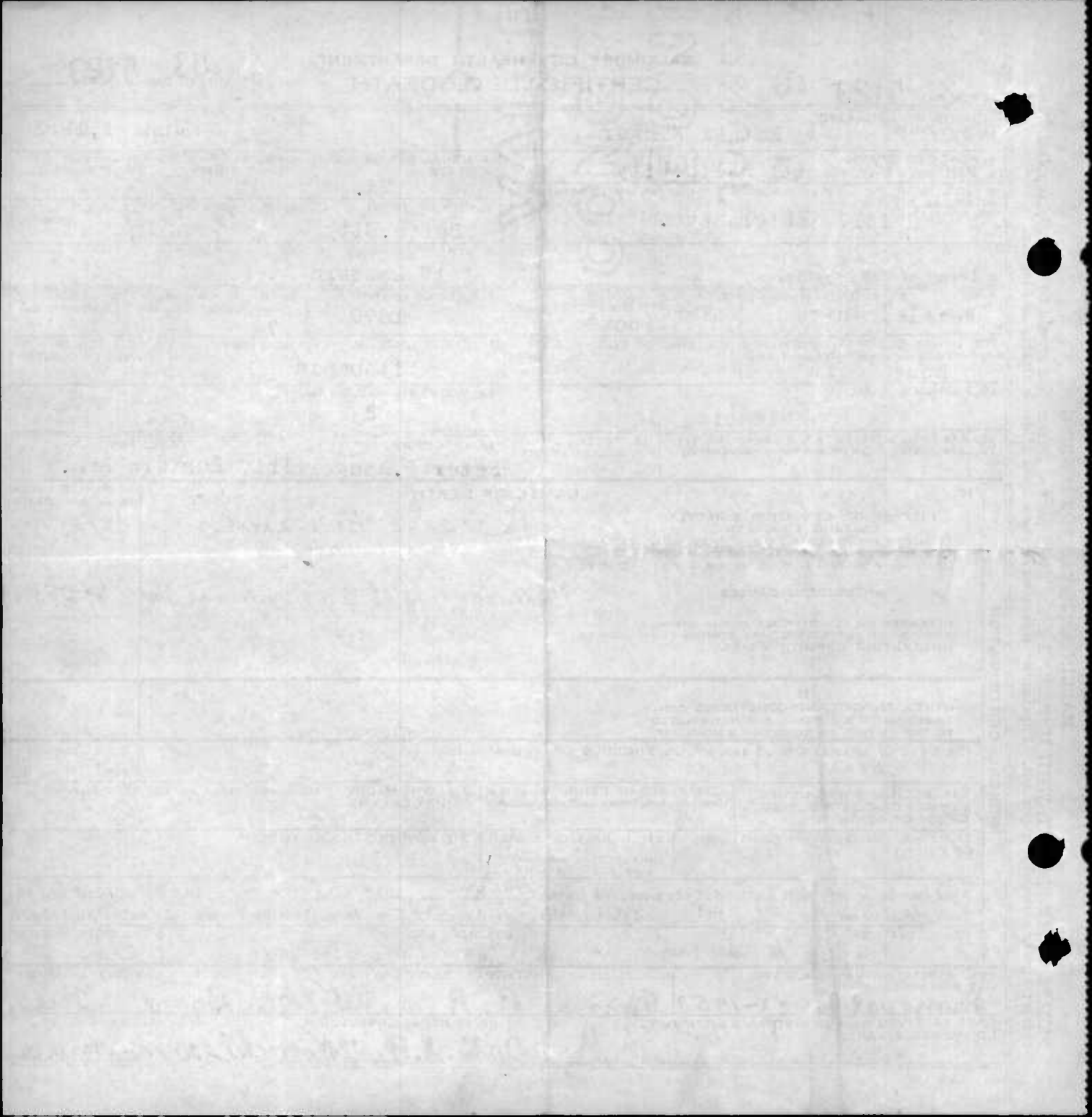
Wm. S. Fialkowski 2007 Eastern Ave

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

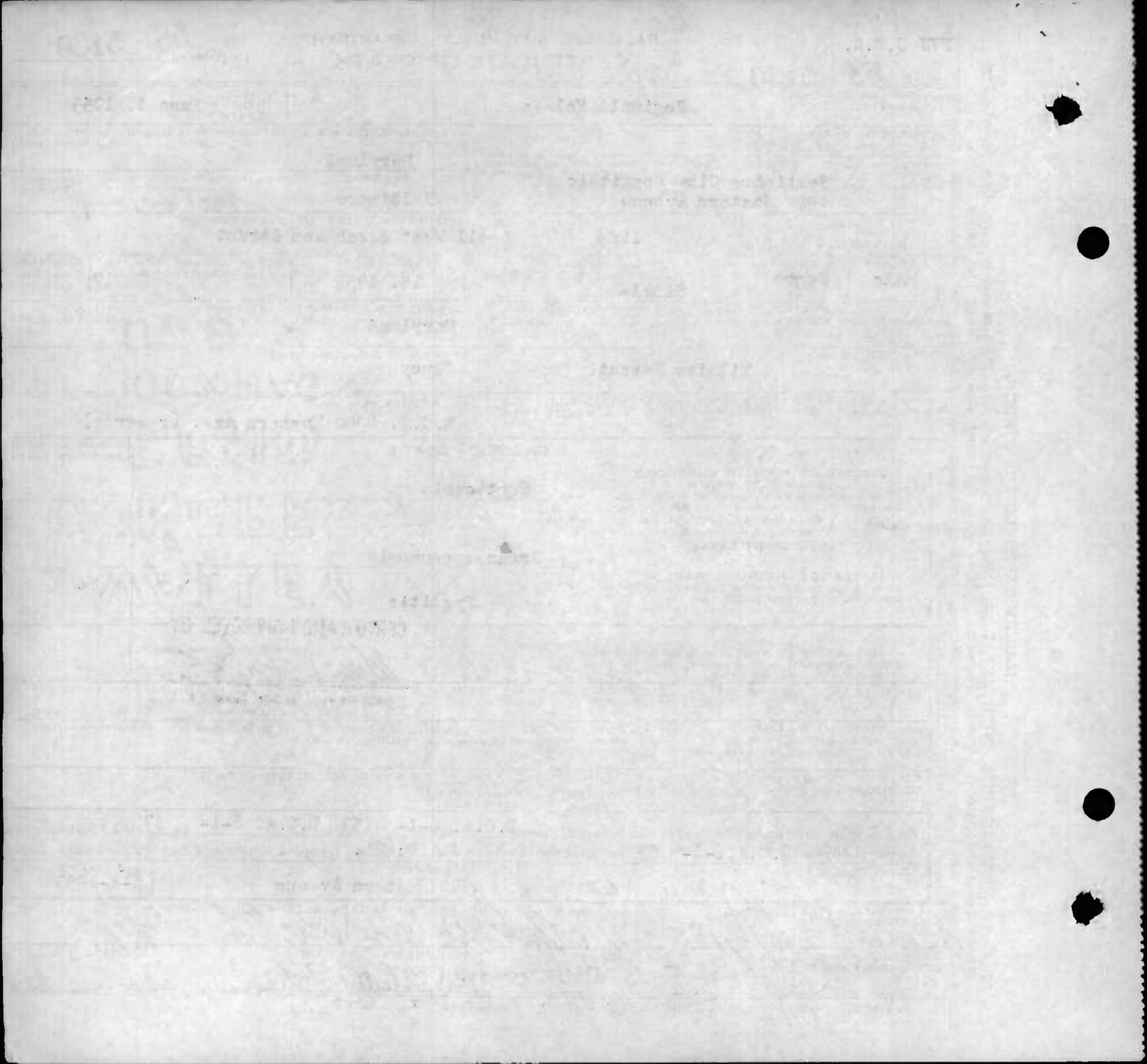
MEDICAL CERTIFICATION



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

FVS D.O.A.		BALTIMORE CITY HEALTH DEPARTMENT		53 5130	
BIRTH NO. 53 5130 53-11010		CERTIFICATE OF DEATH		Registered No. 53 5130	
1. NAME OF DECEASED (Type or Print) Reginald Holmes			2. DATE OF DEATH June 1, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 4-02		
c. Length of stay in Baltimore life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 611 West Sarah Ann Street		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 15, 1953	9. AGE (In years last birthday)	10. Under 1 Year Months: Days: 27
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME William Bassett			14. MOTHER'S MAIDEN NAME Nancy		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT B.C.H. 4940 Eastern Ave. (records)			ADDRESS		
18. 600.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Septicemia DUE TO ANTECEDENT CAUSES Bronchopneumonia DUE TO Pyelitis			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CERTIFICATION APPROVED BY <i>William Bassett</i>		
19A. DATE OF OPERATION 7		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> HOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from D.O.A. 6-1-1953, to D.O.A. 6-1-1953, that I last saw the deceased alive on D.O.A. 6-1-1953, and that death occurred at 9:47 A.M., from the causes and on the date stated above.					
23A. SIGNATURE <i>H. J. Kelley</i>		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 6-1-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 6/2/1953		24C. NAME OF CEMETERY OR CREMATORY W. H. Antyena Cem	
24D. LOCATION (City, town, or county) (State) Balto		25. FUNERAL DIRECTOR Thurston & Williams		ADDRESS 322 N. Schreiner St	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 5131
Registered No. _____

53 5131
BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Walter Johnson

2. DATE
OF
DEATH

May 31 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION

1141 N. Stricker St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1141 N. Stricker St.

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Oct 12 1883

9. AGE (In years

last birthday)

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Storadone

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

D.C. Co. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Johnson

14. MOTHER'S MAIDEN NAME

Sophia

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS *1510
Beatrice Higgins Riggsville*

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Sclerosis

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

5 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

myocarditis

DUE TO

1 yr

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *5-23*, 19*53*, to *5-31*, 19*53* that I last saw the deceased alive on *5-30*, 19*53*, and that death occurred at *5 a. m.*, from the causes and on the date stated above.

23A. SIGNATURE

John C. J. Camper

M. D.

23B. ADDRESS

1639 N. Carey St. Balto.

23C. DATE SIGNED

6-1-53

24A. BURIAL CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/2/1953

24C. NAME OF CEMETERY OR CREMATORY

Wm. A. Antum Cem

24D. LOCATION (City, town, or county)

Balto.

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

June 1 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mrs. Bette R. Williams

ADDRESS

322 N. Schroeder St.

VS 150

94055

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

181

181

181

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181

181

181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 5132BIRTH NO. 53 5132
53-120901. NAME OF DECEASED
(Type or Print)BABYBOYIMBROGULIO2. DATE
OF
DEATH6/1/53

3. PLACE OF DEATH:

A. Baltimore City, MarylandB. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Mary HospitalC. Length of stay in Baltimore
1 Year 00 Months 00 Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

5/31/53

9. AGE (In years last birthday)

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.20

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

Samuel G. Imbrogulio

14. MOTHER'S MAIDEN NAME

Rachael Martha Reynolds15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 770.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Erythroblastosis foetalis1 day

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/31/53, 1953, to 6/1/53, 1953, that I last saw the deceased alive on 6/1/53, 1953, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph J. Michaels

M. D.

23B. ADDRESS

Mary Hospital

23C. DATE SIGNED

6/1/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6/2/53

24C. NAME OF CEMETERY OR CREMATORY

New Baltimore

24D. LOCATION (City, town, or county)

4300 delwood Road

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

John J. Hall

ADDRESS

900 Fallmont St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-65 Med Exam Case		BALTIMORE CITY HEALTH DEPARTMENT		53 5133	
BIRTH NO. 53 5133		CERTIFICATE OF DEATH		Registered No. 53 5133	
1. NAME OF DECEASED (Type or Print)		Joseph Bernacky		2. DATE OF DEATH May 31, 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland		b. Room		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Md.	
b. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		c. CITY OR TOWN Baltimore		d. STREET ADDRESS (If rural, give location) 1917 E. Lombard St.	
c. Length of stay in Baltimore 30 YRS		5. SEX male		6. COLOR OR RACE white	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 5-4-?		9. AGE (In years last birthday) 54	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ROLLER.		10b. KIND OF BUSINESS OR INDUSTRY BEVERE COPPER.		11. BIRTHPLACE (State or foreign country) POLAND	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 216-03-0801		17. INFORMANT JOHNS HOPKINS HOSPITAL	
18. 154X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) Carcinoma of the stomach with metastases (B) (C)		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CERTIFICATION APPROVED BY W. J. [Signature] M. D. CHIEF OR ASST. MEDICAL EXAMINER			
19a. DATE OF OPERATION 0		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-31, 1953, to 1953, that I last saw the deceased alive on 5-31, 1953, and that death occurred at 7:25 P. M., from the causes and on the date stated above.					
23a. SIGNATURE Lawrence E. [Signature] M. D.		23b. ADDRESS JOHNS HOPKINS HOSPITAL		23c. DATE SIGNED 5-31-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 3 1953		24c. NAME OF CEMETERY OR CREMATORY HOLY ROSARY CEM.	
24d. LOCATION (City, town, or county) (State) GERMAN HILL RD MD		24e. LOCATION (City, town, or county) (State) MD		24f. LOCATION (City, town, or county) (State) MD	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS 1800 E. LOMBARD ST 5803C	

WALTY

ROCK ROSS

THE RING

DOCK AB

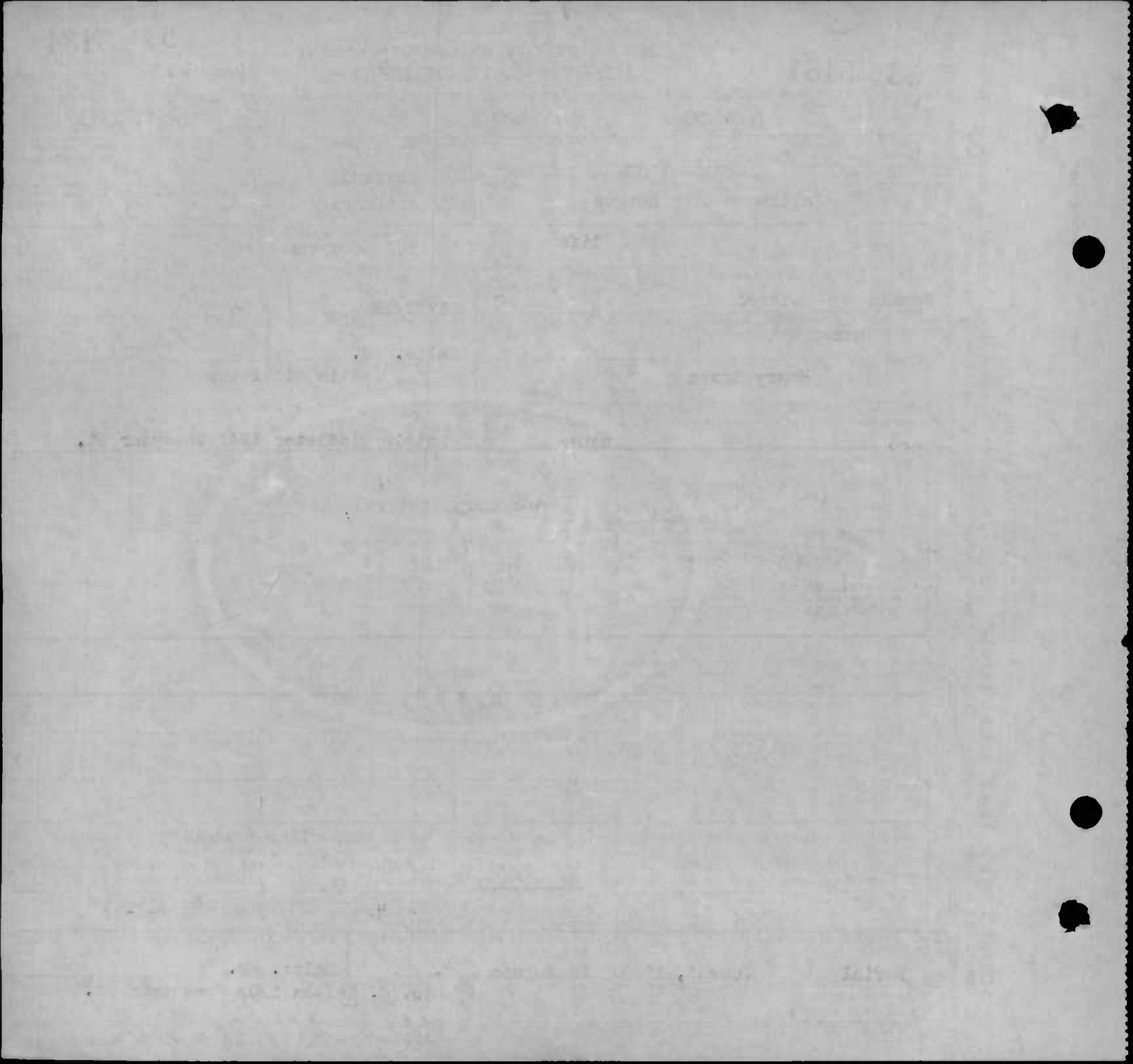
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WALTY

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO. 53 5134		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 5134 Registered No.	
1. NAME OF DECEASED (Type or Print) NAOMI BROWN			2. DATE OF DEATH June 1, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Morgue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 1347 Woodyear Street		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 1/27/29	9. AGE (In years last birthday) 24	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during last working life, even if retired) none			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME Henry Brown			11. BIRTHPLACE (State or foreign country) Balto. Md.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. none		
17. INFORMANT Lottie Middleton			ADDRESS 1347 Woodyear St.		
18. 002X			CAUSE OF DEATH		
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Tuberculosis			(A) DUE TO		
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ANTecedent CAUSES			(B) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(C) DUE TO		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>inspection & inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. J. Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED 6-1-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 5, 1953		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	
24D. LOCATION (City, town, or county) Balto. Md.		24E. FUNERAL DIRECTOR Geo. G. Kelson		24F. ADDRESS 1303 Presstman St.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 2 1953 REGISTRAR'S SIGNATURE Wm. H. Kelson					

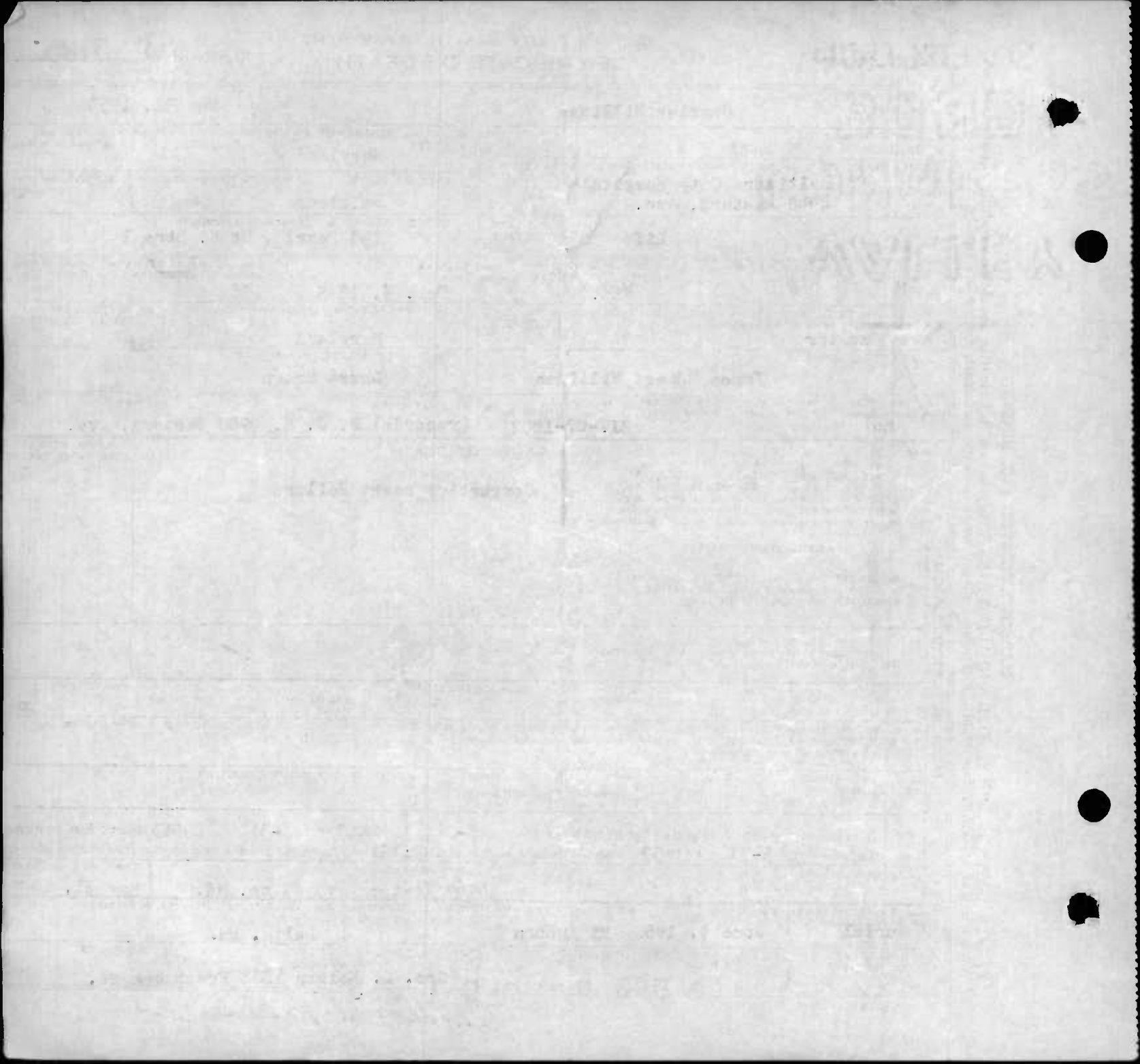


MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-452		BALTIMORE CITY HEALTH DEPARTMENT		Registered No. 53 5135	
53 CCV-170525		CERTIFICATE OF DEATH			
1. NAME OF DECEASED (Type or Print)		Charles Williams		2. DATE OF DEATH May 31, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern, Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		D. STREET ADDRESS (If rural, give location) 238 Pearl, St N. Zone 1	
c. Length of stay in Baltimore		Life		Yrs. Mos. Days	
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wid.		8. DATE OF BIRTH Feb. 5, 1895	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10B. KIND OF BUSINESS OR INDUSTRY		9. AGE (in years last birthday) 58	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME James Robert Williams	
14. MOTHER'S MAIDEN NAME Laura Brown		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 217-07-1802	
17. INFORMANT (records) B. C. H. 4940 Eastern, Ave.		18. 434.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Congestive Heart Failure DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-21, 1953 to 5-31, 1953, that I last saw the deceased alive on 5-31, 1953, and that death occurred at 3:15A. m., from the causes and on the date stated above.					
23A. SIGNATURE H. J. Nelson		23B. ADDRESS M. D. 4940 Eastern Ave Balto. Md.		23C. DATE SIGNED May 31, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 4, 1953		24C. NAME OF CEMETERY OR CREMATORY Mt Auburn	
24D. LOCATION (City, town, or county) Balto. Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR JUN 2 1953		24F. REGISTRAR'S SIGNATURE H. J. Nelson	
24G. FUNERAL DIRECTOR Geo. G. Nelson 1303 Presstman St.		24H. ADDRESS Geo. G. Nelson		24I. VS 150	

77074



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct address is especially important. Physicians: please write the causes of death clearly and legibly.

5-550
53 5136

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 5136

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		John J. Shannon SR		5/30/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE MD B. COUNTY			
504 E 38 th ST		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 9-01			
c. Length of stay in Baltimore 40 Yrs. Mrs. Days		D. STREET ADDRESS (If rural, give location) 504 E 38 th ST			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Nov 14 1880	9. AGE (In years last birthday) 72	10. Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STEAK CAR OPERATOR		10B. KIND OF BUSINESS OR INDUSTRY BALTO TAXISIT		11. BIRTHPLACE (State or foreign country) IRELAND	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Shannon		14. MOTHER'S MAIDEN NAME MARY CURRIGAN		17. INFORMANT ADDRESS MARY E. SHANNON 504 E 38 th ST	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 213-11-0488			

18. 592X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Cerebral Failure.		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Chr. Nephritis			
II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 2, 1947 to May 30, 1953 that I last saw the deceased alive on May 27, 1953 and that death occurred at 1 P. m., from the causes and on the date stated above.					
23A. SIGNATURE George F. Shannon		23B. ADDRESS 820 Medical Arts Bldg		23C. DATE SIGNED 6/1/53	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial		24B. DATE 6/3/53		24C. NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL	
24D. LOCATION (City, town, or county) BALTO MD		25. FUNERAL DIRECTOR CHAS F. EVANS & SON		ADDRESS 661 51 118 W. Mt Royal AVE.	

Dr. Geo. E. Shannon.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5137
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

GRAFTON, Miss Theresa O.

2. DATE
OF
DEATH

June 1, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

Home for Incurables - 700 W 40th ST

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

700 W. 40th ST

C. Length of stay in Baltimore

Never

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

December 16, 1876

9. AGE (in years last birthday)

76

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Keeper

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Forest Hill, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

LEE GRAFTON

14. MOTHER'S MAIDEN NAME

ELIZABETH VARNES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

S.E. Ross - 700 W. 40th ST. City 91

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Rheumatoid + Hyperthyroid Arthritis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive Cardio-Vascular Disease

(C)

INTERVAL BETWEEN ONSET AND DEATH

16 years

9 years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 20, 1946, to June 1, 1953, that I last saw the deceased alive on June 1, 1953, and that death occurred at 12:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

W. Grafton Hesperger

23B. ADDRESS

214 Medial Art. Building

23C. DATE SIGNED

6/1/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

June 3, 1953

Old Brick Baptist

Garrettsville Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

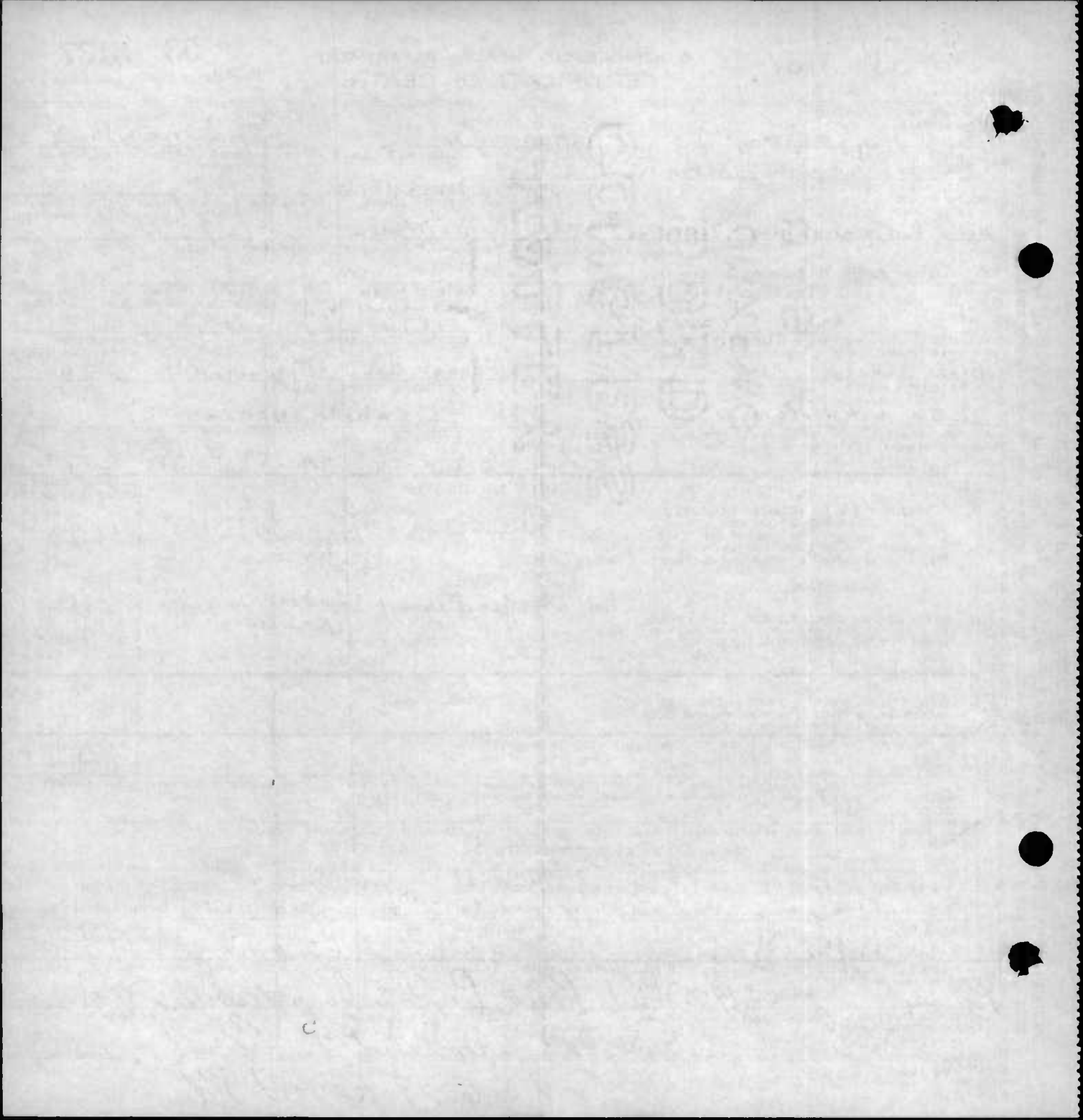
ADDRESS

JUN 2 1953

Wilmington, Delaware, 1930

Mildred T. Blight

6009 Harford Rd.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct information is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 5138
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gertrude M. Nitzell

2. DATE
OF
DEATH

6/1/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Maryland Gen. Hosp.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

722 E 33rd St.

5. SEX

F.

6. COLOR OR RACE

wh.

7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

June 4th, 1880

9. AGE (In years last birthday)

72

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

13. FATHER'S NAME

Jacob Barlup

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Laura Marr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT ADDRESS Hagerstown
Mr. A. Preston Nitzell-120 Linden Ave.

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bowel obstruction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Annular carcinoma of sigmoid

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

5/21/53

19B. MAJOR FINDINGS OF OPERATION

Annular carcinoma of sigmoid

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/23, 1953, to 6/1, 1953 that I last saw the deceased alive on 6/1, 1953, and that death occurred at 10:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Dr. C. Bryant

23B. ADDRESS

M. D. Hagerstown, Md.

23C. DATE SIGNED

6/1/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/3/53

24C. NAME OF CEMETERY OR CREMATORY

Rose Hill Cem.

24D. LOCATION (City, town, or county) (State)

Hagerstown, Md.

DATE RECEIVED BY LOCAL REGISTRAR

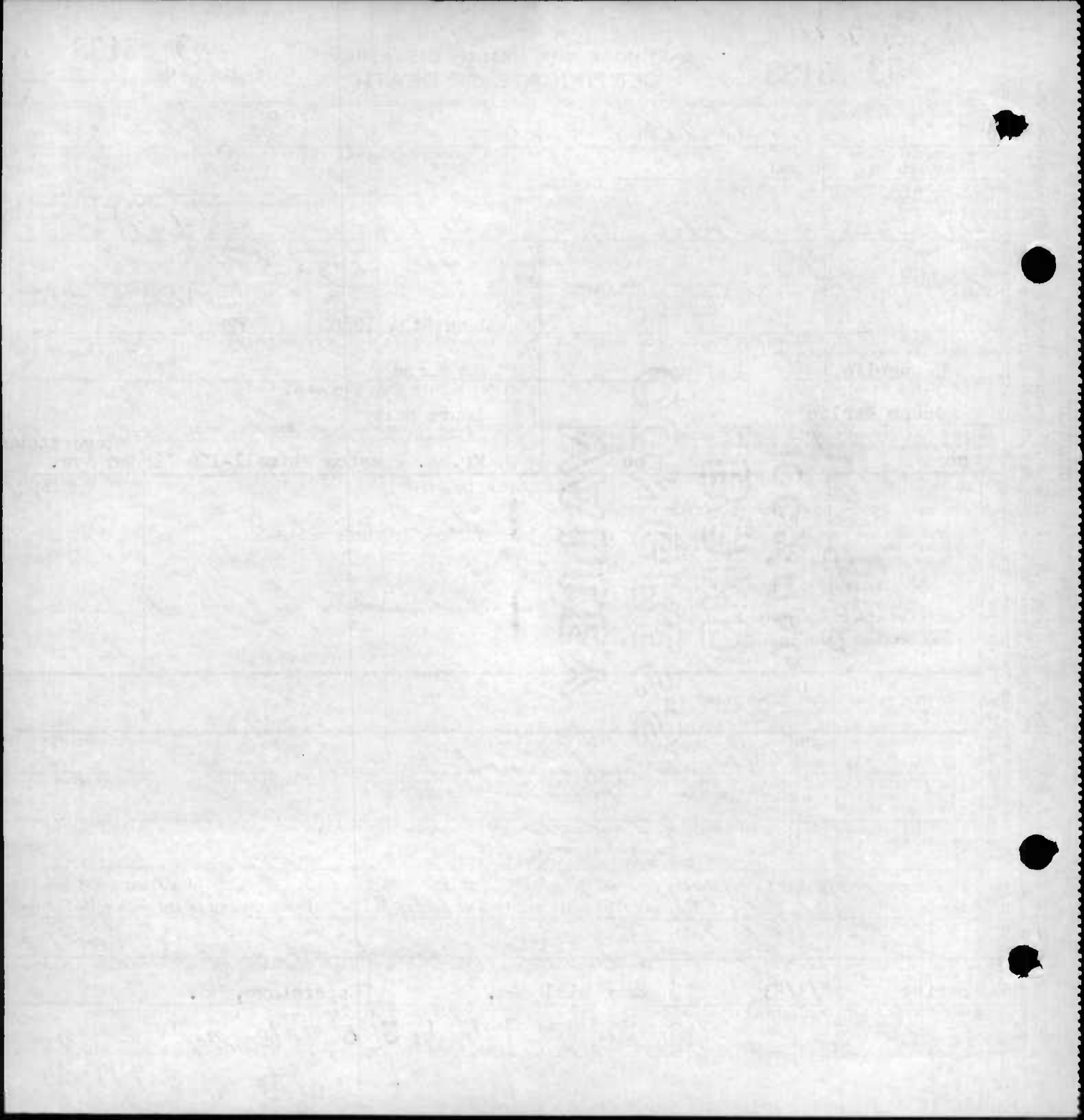
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Slickner & Sons
Baltimore, Md.

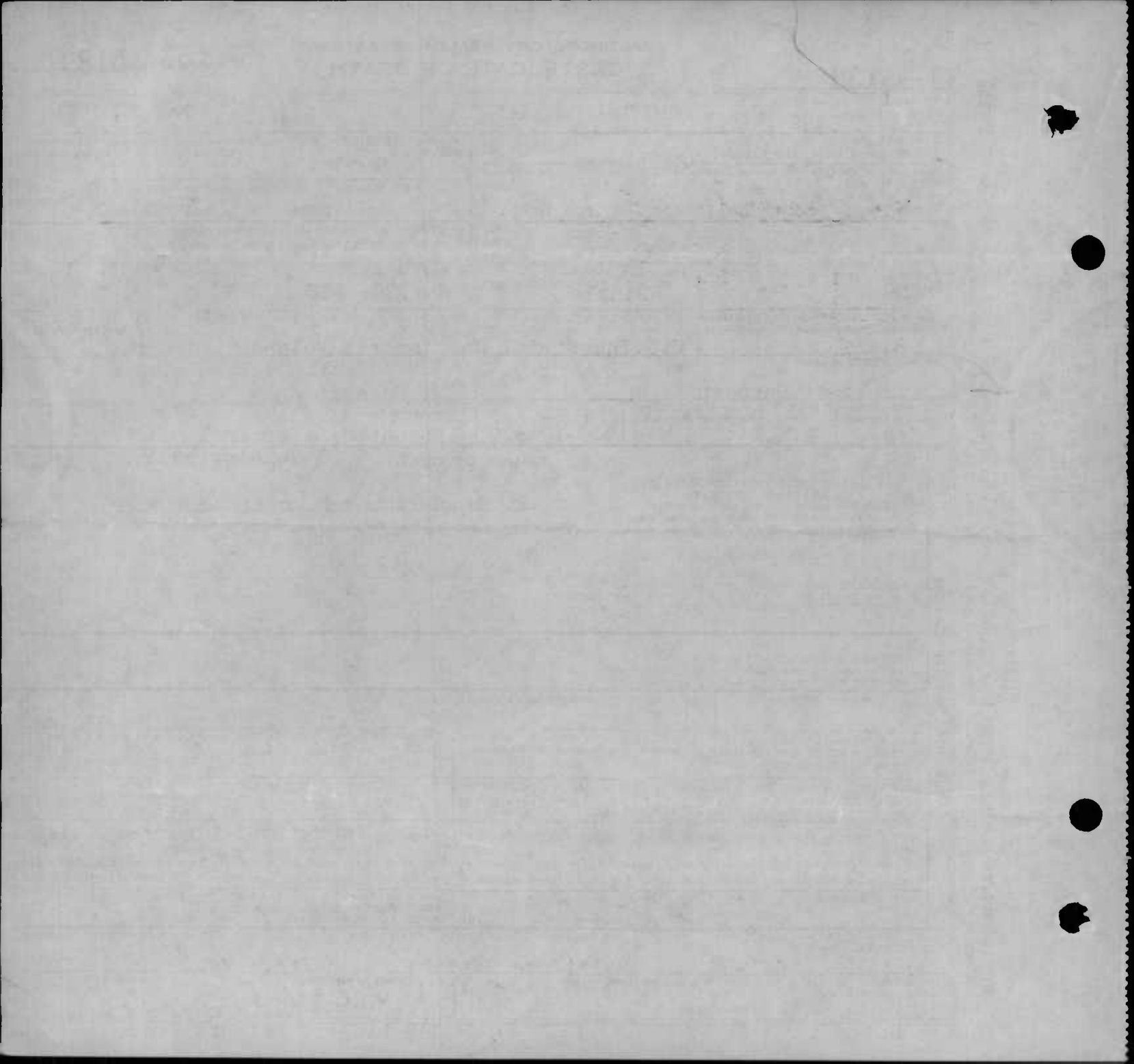
ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 5139	
1. NAME OF DECEASED (Type or Print) WALTER DUDZIAK			2. DATE OF DEATH May 28, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-05		
c. Length of stay in Baltimore 50 years			D. STREET ADDRESS (If rural, give location) 5021 Pennington Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 20, 1886	9. AGE (in years last birthday) 66	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10B. KIND OF BUSINESS OR INDUSTRY U.S. Industrial Co.		11. BIRTHPLACE (State or foreign country) Austria Poland	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown		12. CITIZEN OF WHAT COUNTRY? U.S.A	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. 216-12-5170		17. INFORMANT Antonette Skrenchuck	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anteriosclerotic cardiovascular disease			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>inspection & inquiry</u> thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. F. Fisher		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED May 28, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-3-53		24C. NAME OF CEMETERY OR CREMATORY Baltimore National	
24D. LOCATION (City, town, or county) (State) Balto. Md.		24E. FUNERAL DIRECTOR Wm. H. Huntington		24F. ADDRESS 4600 Liberty Heights Ave.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 2 1953		REGISTRAR'S SIGNATURE Wm. H. Huntington		25. FUNERAL DIRECTOR Wm. H. Huntington	
VS 151		7544R			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-254				BALTIMORE CITY HEALTH DEPARTMENT		53 5140	
BIRTH NO.				CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print)				Charles Bushnell		2. DATE OF DEATH May 30 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Md.			
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2-03			
C. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 800 S. Broadway			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 15, 1889		9. AGE (In years, last birthday) 64	10. Under 1 Year Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Longshoreman			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	
19. 163X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Carcinomatosis Antecedent Causes Carcinoma of Lung DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-30, 1953 to 5-30, 1953 that I last saw the deceased alive on 5-30, 1953, and that death occurred at 10:00 P. M., from the causes and on the date stated above.							
23A. SIGNATURE Dwight C. McLean				23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 5/21/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/3/53		24C. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington S. Cook		25. FUNERAL DIRECTOR H. M. Cook, Inc.		ADDRESS 1217 St. Paul St.	

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CERTIFICATE AMENDED 6/22/53 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5141

53 5141
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Chard, Raymond			2. DATE OF DEATH May 31, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2607 Greenmount Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH	9. AGE (in years last birthday) About 58	If Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Art. Instructor		10B. KIND OF BUSINESS OR INDUSTRY Maryland Institute	11. BIRTHPLACE (State or foreign country) unknown		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME unknown		Chard	14. MOTHER'S MAIDEN NAME unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 220-09-5897	17. INFORMANT ADDRESS Douglas R. Warner, Maryland Institute		

18. 45, X and 019.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Shock Terminal bronchopneumonia (A) Shock DUE TO	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. History of Tuberculosis gangrene, right leg (B) Miliary tuberculosis Septicemia DUE TO Gangrene, right leg (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 31 , 1953, to May 31 , 1953 that I last saw the deceased alive on May 31 , 1953, and that death occurred at 10:15 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE A. Paul Lohy Jr.		23B. ADDRESS 1400 N. Caroline Street		23C. DATE SIGNED June 1, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 6/3/53		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery	
				24D. LOCATION (City, town, or county) (State) Baltimore County, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR JUN 2 1953		REGISTRAR'S SIGNATURE H. H. H. H. H.		25. FUNERAL DIRECTOR ADDRESS St. E. Co. 2, Inc., 1217 St. Paul Street	

VS 150

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

See Correspondence in Document File

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 5142	Registered No. _____
BIRTH NO. <u>53 5142</u>					
1. NAME OF DECEASED (Type or Print) Frances Marion Robey				2. DATE OF DEATH May 31, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Aged Women's & Aged Men's Home 1400 W. Lexington Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore			O. STREET ADDRESS (If rural, give location) 1400 W. Lexington St		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Nov. 10, 1872	9. AGE (In years last birthday) 80	10. Under 1 Year Months: 6 Days: 21
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nurse			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Townley Robey			14. MOTHER'S MAIDEN NAME Henrietta Murray		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO.		
17. INFORMANT Berlia Kopp, 1400 W. Lexington Street			ADDRESS		
18. 420.0 and 200.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) arteriosclerotic heart disease DUE TO (B) reticular cell lymphoma DUE TO (C) reticular cell lymphoma INTERVAL BETWEEN ONSET AND DEATH 2 mos					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from January 1953 , to May 31, 1953 , that I last saw the deceased alive on May 30, 1953 , and that death occurred at 10:00 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Marland Edward Day		23B. ADDRESS 4-E-330 St 18		23C. DATE SIGNED June 1, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) cremation		24B. DATE 6/3/53		24C. NAME OF CEMETERY OR CREMATORY Green Mount Crematory	
24D. LOCATION (City, town, or county) Baltimore, Maryland					
DATE RECEIVED BY LOCAL REGISTRAR JUN 2 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR William Cook Inc.	
VS 150		1217 St. Paul Street			

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5143

BIRTH NO. 53 5143

1. NAME OF DECEASED (Type or Print) Lilly Stryker			2. DATE OF DEATH June 1, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 12-06		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 2405 Maryland Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 2405 Maryland Avenue			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 25, 1864		9. AGE (In years last birthday) 88 years
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
13. FATHER'S NAME August F. Volkman			14. MOTHER'S MAIDEN NAME Elizabeth Kempe		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS John E. Stryker, 2405 Maryland Avenue

18. 434.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) congestive heart failure			INTERVAL BETWEEN ONSET AND DEATH 3 weeks.
ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. malnutrition			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			sev mos.
19A. DATE OF OPERATION 0	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY May 31, 1953	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1950 to June 1, 1953 that I last saw the deceased alive on May 31, 1953 , and that death occurred at 9:30 AM , from the causes and on the date stated above.			
23A. SIGNATURE E. Ellsworth Cook M. D.		23B. ADDRESS 2431 MARYLAND AVENUE	23C. DATE SIGNED 6-1-53
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 6/3/53	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE RECEIVED BY LOCAL REGISTRAR JUN 2 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR ADDRESS John Cook, Inc., 1217 St. Paul Street	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 5144BIRTH No. 53 51441. NAME OF DECEASED
(Type or Print)Florence V. Kendall2. DATE
OF
DEATHJan 1 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

1715 S. Hanover St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore city 23-03

D. STREET ADDRESS (If rural, give location)

1715 S. Hanover

c. Length of stay in Baltimore

15

5. SEX

F

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Widowed

8. DATE OF BIRTH

Apr. 9 18689. AGE (In years
last birthday)85If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)housewife10B. KIND OF BUSINESS OR
INDUSTRYhome

11. BIRTHPLACE (State or foreign country)

Queen Anne Co. Md.12. CITIZEN OF
WHAT COUNTRY?U. S. A.

13. FATHER'S NAME

Wm Dadds

14. MOTHER'S MAIDEN NAME

Elisha Allen15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)no16. SOCIAL
SECURITY NO.none

17. INFORMANT

ADDRESS

Mrs. Edward Pratt. 1715 Hanover St.18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Cerebral hemorrhage9 days

DUE TO

Hypertensive cardio vascular
disease

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 24, 1953, to 6/1, 1953, that I last saw the
deceased alive on 6/1, 1953, and that death occurred at 6.45 m., from the causes and on the date stated above.

23A. SIGNATURE

Harry Oelrich

M. D.

23B. ADDRESS

1226 Hanover St.

23C. DATE SIGNED

6/2/53.24A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

6/4/53

24C. NAME OF CEMETERY OR CREMATORY

Wesley Chapel Cem.

24D. LOCATION (City, town, or county)

Rock Hall Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Harmon V. Williams - Chestertown Md.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 5145

Registered No.

BIRTH NO. 53 5145

1. NAME OF DECEASED (Type or Print) <i>Joseph Brown</i>			2. DATE OF DEATH <i>May 31, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1608 Jackson St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 24-04</i>		
C. Length of stay in Baltimore <i>72</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1608 Jackson St.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Feb 11 - 1868</i>	9. AGE (In years last birthday) <i>85</i>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired RR Conductor</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>RR</i>		
11. BIRTHPLACE (State or foreign country) <i>2 Va.</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>Anthony Brown</i>			14. MOTHER'S MAIDEN NAME <i>Catherine Hartman</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>			16. SOCIAL SECURITY NO. <i>-</i>		
17. INFORMANT <i>Mary Brown</i>			ADDRESS <i>1608 Jackson St</i>		
18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Chronic Myocardial Degeneration</i> DUE TO (B) <i>Arteriosclerosis</i> DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH <i>2 yr.</i> <i>5 yr.</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10 1</i> , 19 <i>52</i> , to <i>5-31</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>May 31</i> , 19 <i>53</i> , and that death occurred at <i>10:55 P.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>W. H. Hallad</i>			23B. ADDRESS <i>707 E. Fort Ave.</i>		23C. DATE SIGNED <i>6-1-53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>June 3-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Woodlawn</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>		25. FUNERAL DIRECTOR <i>Frank H. Lutz 814 N 36 St</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 2 1953</i>		REGISTRAR'S SIGNATURE <i>W. H. Hallad</i>			

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RECEIVED BY HEALTH DEPARTMENT
CENTRAL TO BE DELETED

CHARTER OF DEATH

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5146
Registered No.53 5146
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

Richard D. Stanton

2. DATE
OF
DEATH

May 31, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

35 E. Hill St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

35 E. Hill St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDDED, DIVORCED (Specify)
single

8. DATE OF BIRTH

Nov. 5, 1885

9. AGE (In years
last birthday)

67 yrs.

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

oiler on boat

10B. KIND OF BUSINESS OR
INDUSTRY

Weems Co.

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Michael Stanton

14. MOTHER'S MAIDEN NAME

Margaret E. Thompson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

none

16. SOCIAL
SECURITY NO.
none

17. INFORMANT

ADDRESS

Mrs. Mary Maguire 35 E. Hill St.

18. 422.1 and 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary tuberculosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/7/53, 19, to 5/31, 1953, that I last saw the
deceased alive on 5/31/53, 19, and that death occurred at 4 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Jews. Inc Grate

M. D.

23B. ADDRESS

1 E. Randall Rd Balto.

23C. DATE SIGNED

6/1/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 3, 1953

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Old Frederick Rd Balto Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

KRAUSE FUNERAL HOME

ADDRESS

1216S. Charles St

See Document File

Correspondence Dr. C. Silverman, Dir, Bureau of Tbc - ECMD and
Dr. D. J. McGrath

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5147

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ADAM J. ROMAGNA

2. DATE
OF
DEATH

5-31-53.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1123 STEELTON AVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

MD.

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

BALTIMORE 2636

D. STREET ADDRESS (If rural, give location)

1123 STEELTON AVE.

c. Length of stay in Baltimore

48

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

5-28-1881

9. AGE (In years

last birthday)

72

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RETIRED

10B. KIND OF BUSINESS OR
INDUSTRY

TAILOR

11. BIRTHPLACE (State or foreign country)

ITALY

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

GUY ROMAGNA

14. MOTHER'S MAIDEN NAME

ADELAIDE VALLENTTE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

NO

16. SOCIAL
SECURITY NO.

NO

17. INFORMANT

ADDRESS

CHRISTINA ROMAGNA SAME

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH.
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Hypertensive Arteriosclerotic Cardiovascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Coronary Thrombosis

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1953 to 5/31, 1953, that I last saw the
deceased alive on 5/29, 1953, and that death occurred at 430 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

6-3-53.

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER CEM. 4430 BELAIR RD. BALTO

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 2 1953

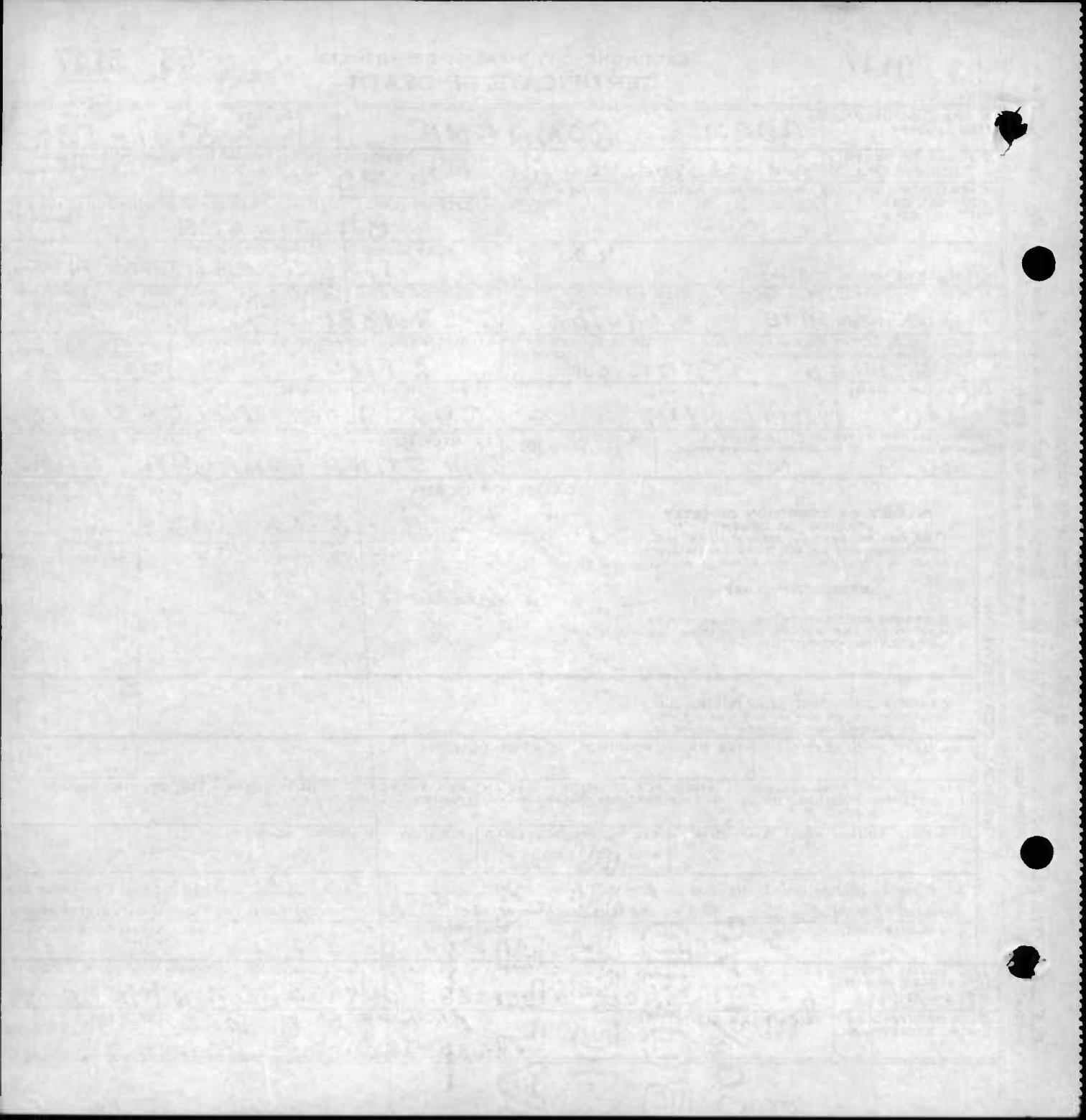
Huntington Baltimore, Md. 901 S. CONKLING ST. BALTO, 24, MD.

VS 150

590 46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5148
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM T. FREIMILLER

2. DATE
OF
DEATH

5-31-53.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

MD.

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

SOUTH BALTO. GEN. HOSP.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 26-05

D. STREET ADDRESS (If rural, give location)

317 HORNEL ST.

c. Length of stay in Baltimore

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

8-15-19.

9. AGE (In years
last birthday)

33

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CLERK

10B. KIND OF BUSINESS OR
INDUSTRY

S-K MEAT CO.

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

GEORGE FREIMILLER

14. MOTHER'S MAIDEN NAME

CLARA CARROW

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.

218-07-2963

17. INFORMANT

ADDRESS

MARCELLA T. FREIMILLER SAME

18. 410X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

acute pulmonary edema hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

initial stevens years

(C)

rheumatic heart disease years

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-31-1953 to 5-31-1953 that I last saw the
deceased alive on 5-31-1953 and that death occurred at 11:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

W.W. Conway

23B. ADDRESS

South Baltimore East

23C. DATE SIGNED

5-31-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

6-3-53

24C. NAME OF CEMETERY OR CREMATORY

SACRED HEART CEM

24D. LOCATION (City, town, or county)

7401 GERMAN HILL RD. MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

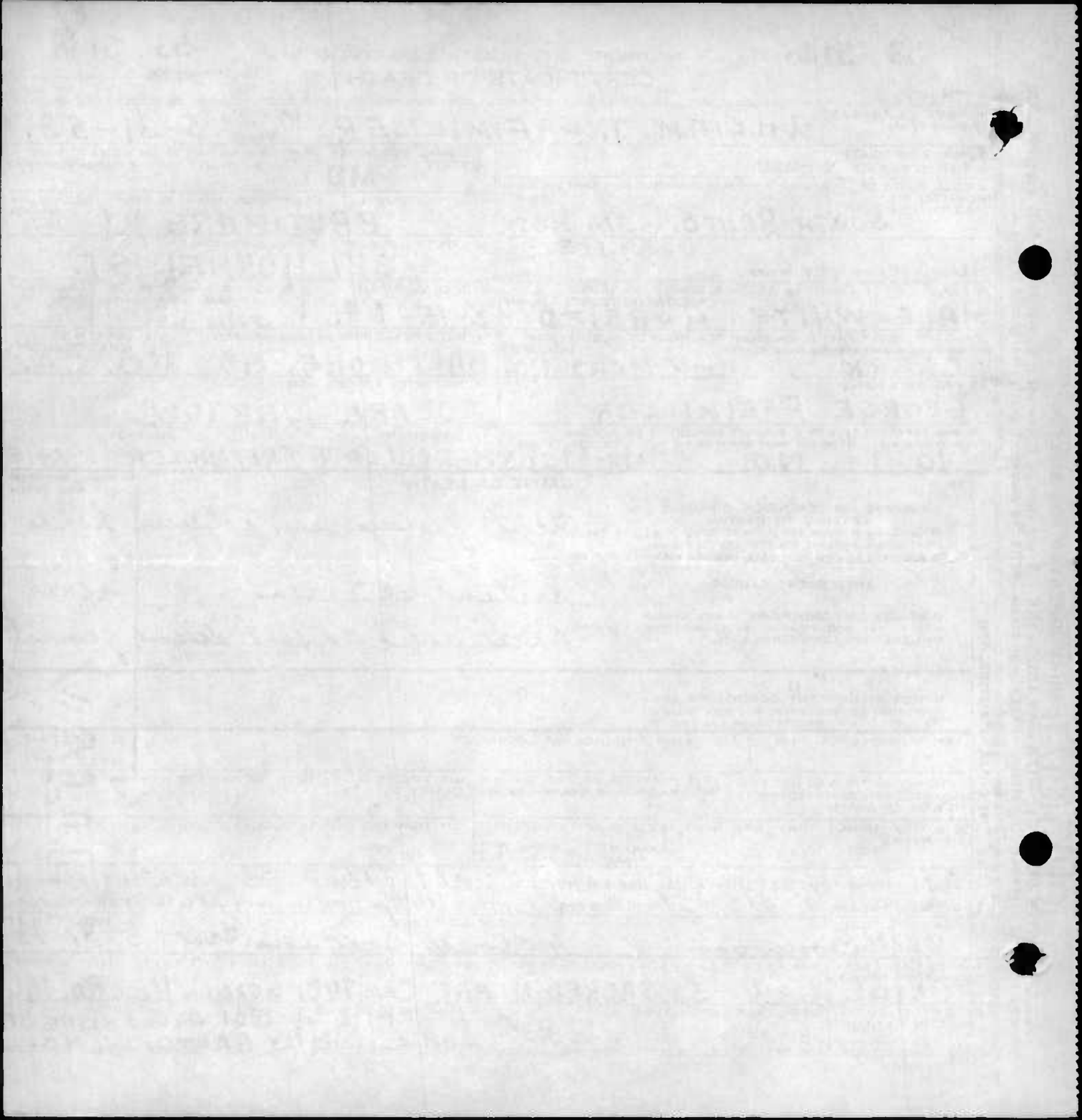
25. FUNERAL DIRECTOR

Charles J. Zeiler

ADDRESS

901 S. CONKLING ST
BALTO, MD.JUN 2 1953
VS 150

39040



F-612

53 5149

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5149

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOLLYE FREBUSH

2. DATE
OF
DEATH

June 2-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4303 Fernhill Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

4303 Fernhill Ave 15

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO, Md 28-41

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OF RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 9-1873 80

9. AGE (In years;
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Frederick Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Phillip Frebush

14. MOTHER'S MAIDEN NAME

Regina Strauss

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Albert Rothschild.

18. 170X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

CAUSE OF DEATH 3191 N. 17th St Arlington Va
Carcinoma of breastINTERVAL BETWEEN
DEATH

7 yrs.

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/30 1948 to 6/2 1953, that I last saw the
deceased alive on 6/2 1953, and that death occurred at 6:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert B. Reister

23B. ADDRESS

3408 Windsor Ave.

23C. DATE SIGNED

6/2/53

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6/3/53

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship Bldg for London

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

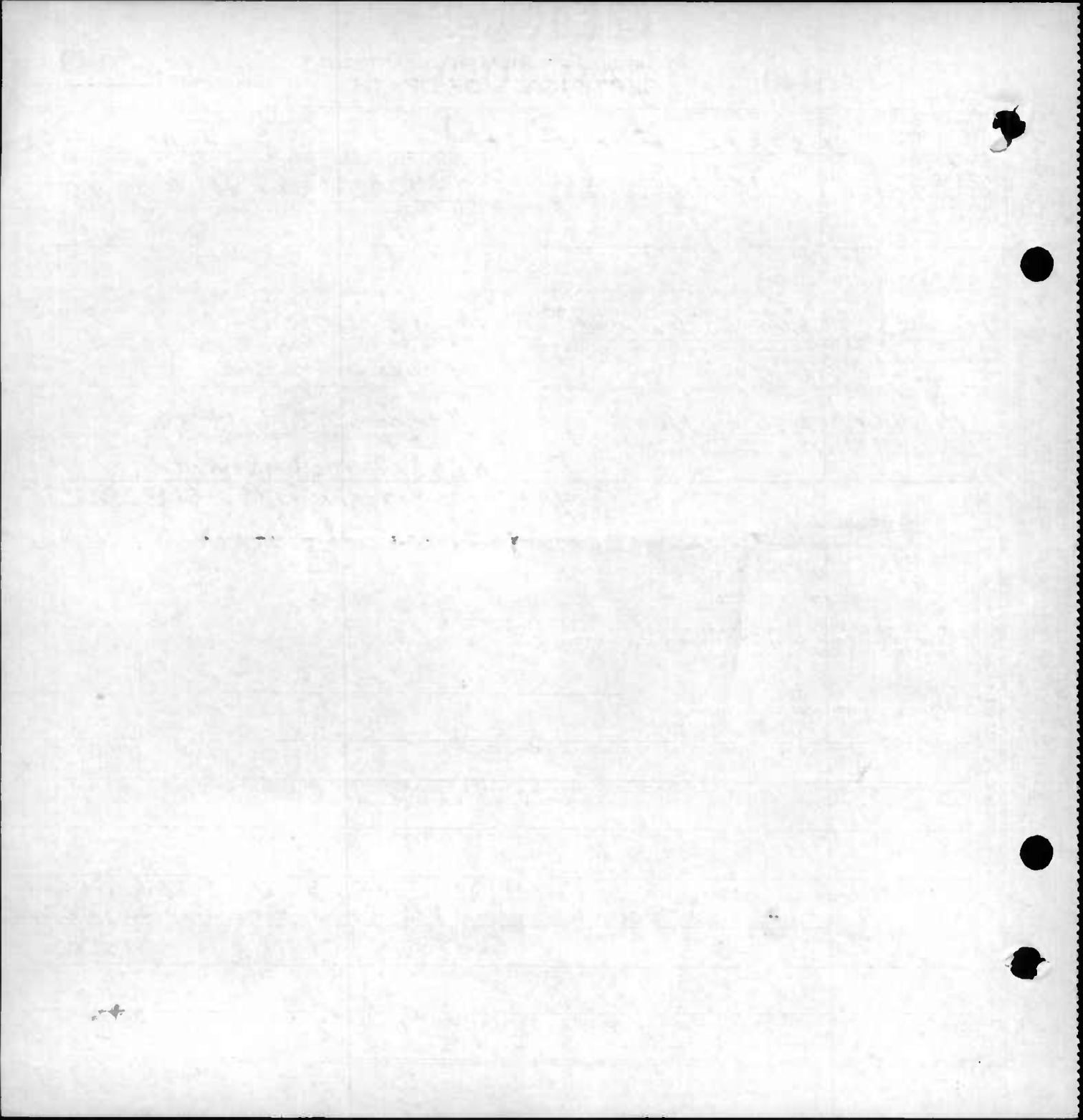
H. H. Williams, MD

25. FUNERAL DIRECTOR

ADDRESS

J. C. Harris Co

2323 Reister Rd 17



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L-200

53 5150

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 5150

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Nick Luggi

2. DATE
OF
DEATH

May 30, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

Htl R. R.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

b. STATE

Md.

c. COUNTY

before admission)

b. FULL NAME OF

(If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 3-02

d. STREET ADDRESS (If rural, give location)

1010 E. Pratt St.

33

c. Length of stay in Baltimore

20 yrs.

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

6-3-1883

9. AGE (In years
last birthday)

69

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Tobacco

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Inferno

14. MOTHER'S MAIDEN NAME

Inferno

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 578X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Generalized arteriosclerosis

DUE TO

ANTECEDENT CAUSES

(B)

Mesenteric artery occlusion 24 hrs.

DUE TO

(C)

Lungene entire small intestine

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONOITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

5/30/53

19b. CONDITION FOR WHICH OPERATION
WAS PERFORMED

Lungene of small intestine

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-29, 1953, to 5-30, 1953, that I last saw the
deceased alive on 5-30, 1953, and that death occurred at 8:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE

Dwight C. McLean

M. O.

23b. ADDRESS

JOHNS HOPKINS HOSPITAL

23c. DATE SIGNED

5/31/53.

24a. BURIAL, CREMA
TION, REMOVAL (Specify)

24b. DATE

June 3, 1953

24c. NAME OF CEMETERY OR CREMATORY

Sacred Heart

24d. LOCATION (City, town, or county)

Trappe Road

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 2 1953

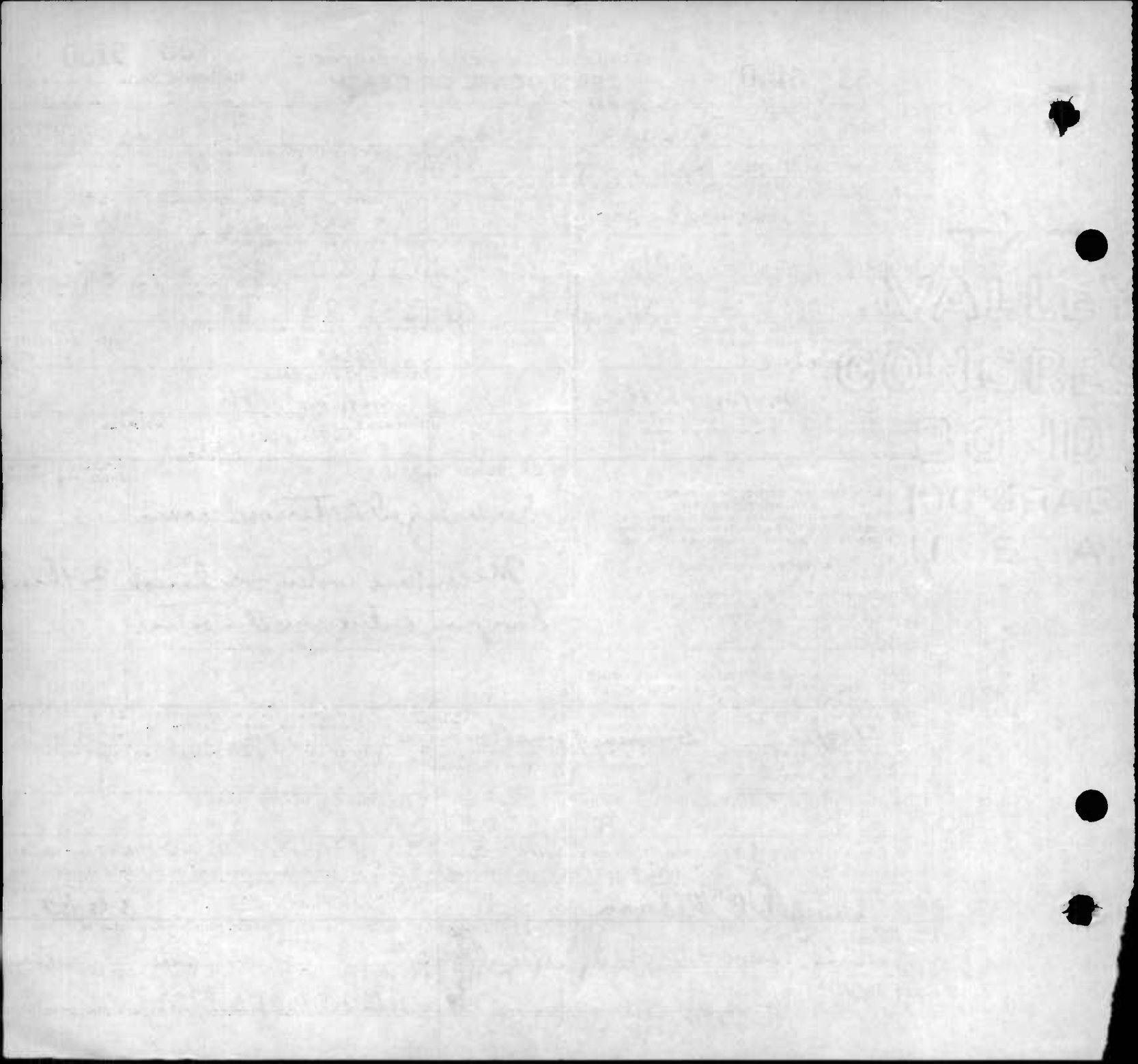
Huntington Williams, Md.

Wendell J. DIPPEL

Highland Ave

VS 150

97099



CERTIFICATE CORRECTED 7-17-53

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 53 5151

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

VINCENT SYLVESTER BIGGUS

2. DATE
OF
DEATH

5/29/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

505 BRUCE STREET

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE
505 BRUCE STREET

C. Length of stay in Baltimore

20 YRS.

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE. MARRIED.
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

10/31/1906

9. AGE (In years last birthday)

46 55

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CRANE OPERATOR

10B. KIND OF BUSINESS OR INDUSTRY

STEEL MILL

11. BIRTHPLACE (State or foreign country)

KEYMAR, MD.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

MACK BIGGUS

14. MOTHER'S MAIDEN NAME

HATTIE SANDERS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

YES

(If yes, give war or dates of service)
W.W.#11

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
DELLA YOUNG BIGGUS-505 BRUCE ST.

18. **162X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Brachyonic Carcinoma

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK HOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5/21/53** to **5/29/53**, that I last saw the deceased alive on **5/28/53** and that death occurred at **8:00 PM**, from the causes and on the date stated above.

23A. SIGNATURE

William Sanders

23B. ADDRESS

753 G St

23C. DATE SIGNED

6/2/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

6/3/53

24C. NAME OF CEMETERY OR CREMATORY

BALTO. NAT'L. CEM.

24D. LOCATION (City, town, or county) (State)

BALTIMORE, MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

CHAS. G. COOPER-512 CARROLLTON

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

CLARK, G. COULDER - 1st BATTALION
CLARK, G. COULDER - 1st BATTALION

11/12

③

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

W-340
53 5152
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 5152
Registered No. _____

1. NAME OF DECEASED (Type or Print) Joseph Woodley			2. DATE OF DEATH 5/31/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE _____ B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-05		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 2565 Harlem Ave		
5. SEX M	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH Aug 3, 1906		9. AGE (In years last birthday) Months: Days: Hours: Min. 46
10A. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Printer		10B. KIND OF BUSINESS OR INDUSTRY Lithographers		11. BIRTHPLACE (State or foreign country) Va.	
13. FATHER'S NAME Robert Woodley			14. MOTHER'S MAIDEN NAME Maurtha Williams		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 219-01-5506		17. INFORMANT ADDRESS Maudie B. Woodley (W) 2565 Harlem Ave	

18. 332X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Cerebral Thrombosis DUE TO (B) Essential Hypertension DUE TO (C) Arteriosclerosis	INTERVAL BETWEEN ONSET AND DEATH 4 days.
--	--	--

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 12, 1953 , to May 31, 1953 , that I last saw the deceased alive on March 31, 1953 , and that death occurred at 5:40 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Gilbert L. Banfield M.D.		23B. ADDRESS 722 N. Fulton Ave		23C. DATE SIGNED 6/1/53	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/3/53		24C. NAME OF CEMETERY OR CREMATORY Carver's Memorial Pk.		24D. LOCATION (City, town, or county) (State) Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR JUN 3 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Charles Horner		ADDRESS 780 4th 512 Carver's Memorial Pk.	

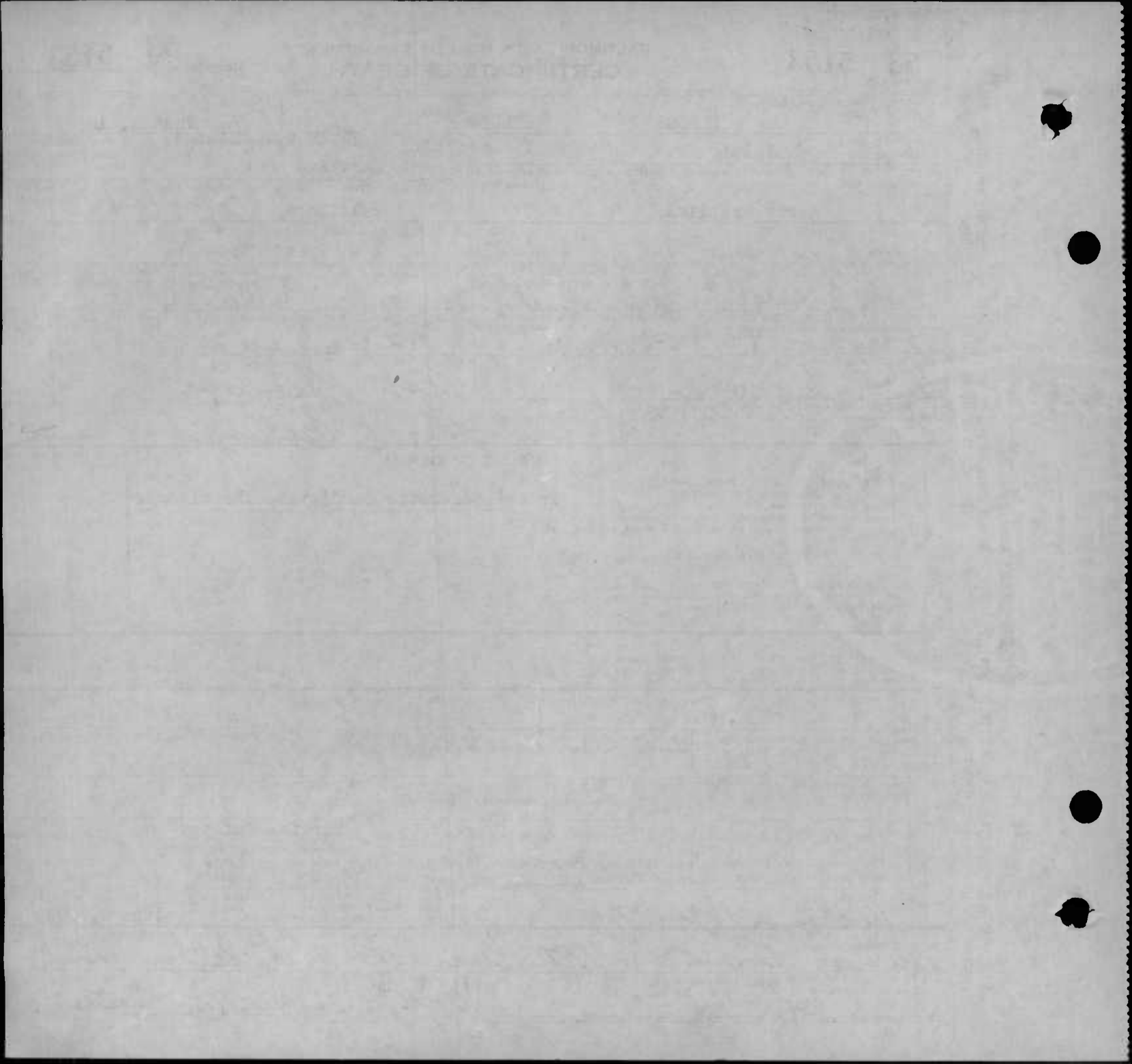
(10)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

B-452 53 5153		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 5153 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		ISADORE BELLINGER		June 1, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 4-01			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 4 W. Pratt Street			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH	9. AGE (In years last birthday) 65	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10B. KIND OF BUSINESS OR INDUSTRY Clothing	11. BIRTHPLACE (State or foreign country) Russia	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Not Known		14. MOTHER'S MAIDEN NAME Not Known			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Sarah Bellinger - Same	
18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO		INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William W. Huntington		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED June 2, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6-3-53	24C. NAME OF CEMETERY OR CREMATORY Mt Carmel	24D. LOCATION (City, town, or county) (State) Baltimore Md		
DATE RECEIVED BY LOCAL REGISTRAR JUN 3 1953	REGISTRAR'S SIGNATURE Huntington William	25. FUNERAL DIRECTOR Dick Lewis		ADDRESS No 2100 Eastern	
V S 151 2906E					



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 5154
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5154

1. NAME OF DECEASED (Type or Print) <i>Joseph Casale</i>			2. DATE OF DEATH <i>June 2, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Prince George</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN <i>Morningside</i>		
5. Length of stay in Baltimore <i>33</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>41 Pickett Drive 6600</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>1-1-05</i>	9. AGE (In years last birthday) <i>48</i>	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Link-Messenger</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Washington Terminal Co</i>		
11. BIRTHPLACE (State or foreign country) <i>N. Y. City</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>Raffaello Casale</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>			ADDRESS		

18. <i>193X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Slitoblastoma Multiforme</i>		CAUSE OF DEATH <i>Bilateral, Parieto Occipital</i>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>6-2-53</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>5-21</i> , 1953, to <i>6-2</i> , 1953, that I last saw the deceased alive on <i>6-2</i> , 1953, and that death occurred at <i>11:15 P.M.</i> , from the causes and on the date stated above.							
23A. SIGNATURE <i>George Dr. Smith</i>				23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>6-2-53</i>	
24A. BIRTHAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>6/3/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New York City</i>		24D. LOCATION (City, town, or county) (State) <i>N. Y.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 3 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Wm. C. Inc. 1217 St. Paul St.</i>		ADDRESS	

100

THE UNIVERSITY OF CHICAGO

1918

TO THE PRESIDENT OF THE UNIVERSITY OF CHICAGO

FROM THE FACULTY OF THE UNIVERSITY OF CHICAGO

RESOLUTION OF THE FACULTY

ADOPTED AT THE MEETING OF THE FACULTY

Held at Chicago, Illinois, on the 15th day of May, 1918.

WHEREAS, the Faculty of the University of Chicago

has the honor to acknowledge the receipt of a

letter from the President of the University of Chicago

dated the 10th day of May, 1918, in which the President

has requested the Faculty to take action upon the

proposal of the President of the University of Chicago

dated the 10th day of May, 1918, in which the President

has requested the Faculty to take action upon the

proposal of the President of the University of Chicago

dated the 10th day of May, 1918, in which the President

R-262
6/22/53 ESBALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5155
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY ROGERS

2. DATE
OF
DEATH

June 2nd 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

SINAI HOSPITAL OF BALTO.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. 9-03

D. STREET ADDRESS (If rural, give location)

3723 Delverne Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

12/26/1887

9. AGE (In years

last birthday)

65

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Arthur Watson

14. MOTHER'S MAIDEN NAME

Sarah Thompson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mildred Munson Delverne Rd.

18.

443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Pulmonary edema

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive C. V. Disease with Azotemia

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2nd, 1953 to June 2nd, 1953 that I last saw the deceased alive on June 2nd, 1953 and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. Tankowsky

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

6/2/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/5/53

24C. NAME OF CEMETERY OR CREMATORY

Green Mount

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. H. Williams, M.D., 227 St. Paul St.

25. FUNERAL DIRECTOR

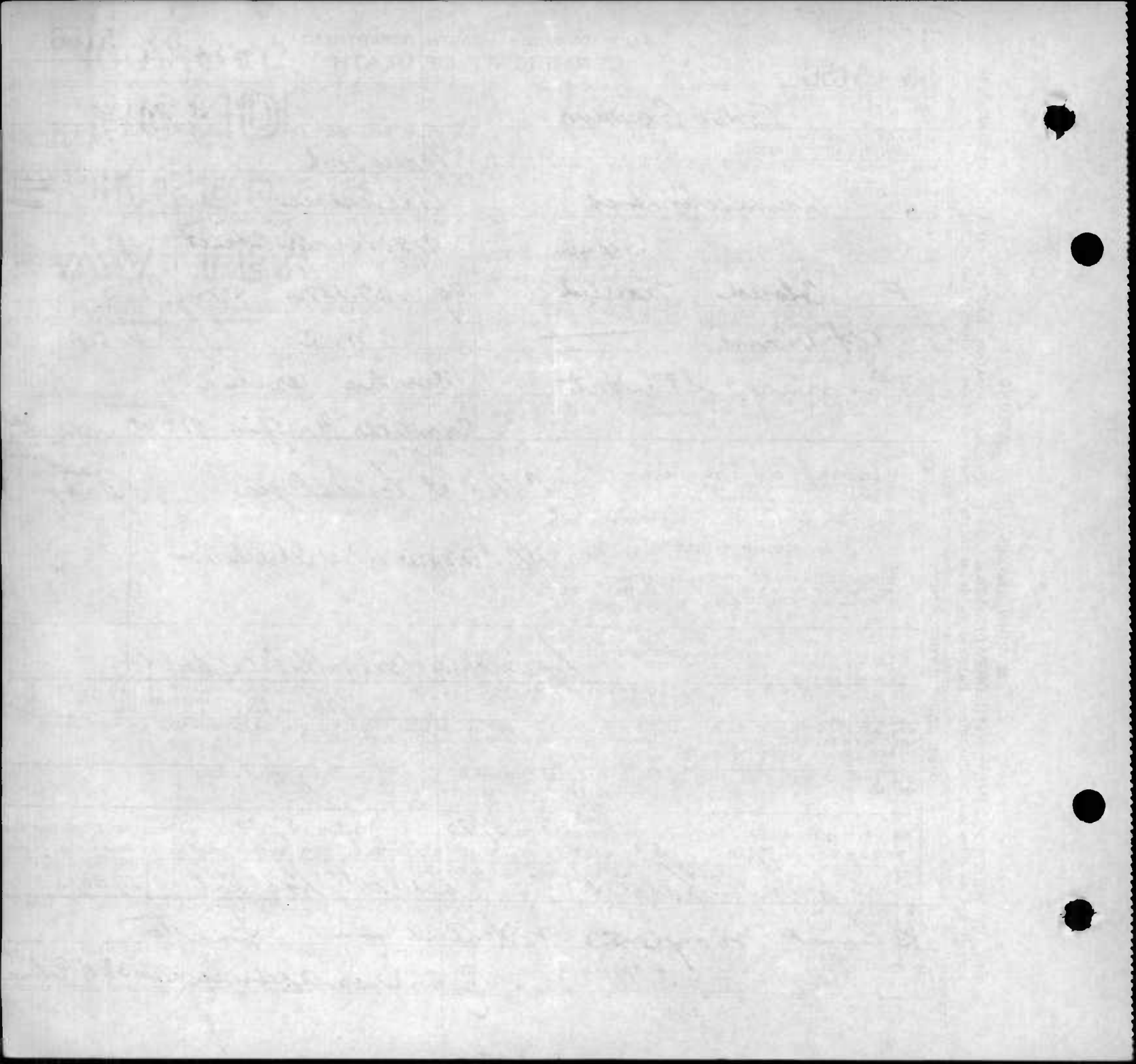
ADDRESS

See Query reply in Document File

MAILED
JUN 10 1964
FBI - NEW YORK

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO. 5156					
1. NAME OF DECEASED (Type or Print) ETHEL GRIFFIN				2. DATE OF DEATH 5/30/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE Maryland COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 34 days				D. STREET ADDRESS (If rural, give location) 918 Warner Street	
5. SEX F	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 27, 1896	9. AGE (In years last birthday) 57 yrs.	If Under 1 Year Months Days 1 3
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cat Home			11. BIRTHPLACE (State or foreign country) N. C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME J. Thomas Stewart			14. MOTHER'S MAIDEN NAME Martha Archie		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
			17. INFORMANT ADDRESS Cardella Griffin . 918 Warner St		
18. 443X and 171X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CVA & Rt. Hemiplegia DUE TO H.C.V.D. & auricular fibrillation INTERVAL BETWEEN ONSET AND DEATH about 2 days					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Carcinoma of cervix (By history) treated					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK [] NOT WHILE AT WORK []		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/30 , 19 53 , to 5/30 , 19 53 , that I last saw the deceased alive on 5/30 , 19 53 , and that death occurred at 1140 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Paul Tharitt		23B. ADDRESS University Hospital		23C. DATE SIGNED 5/30/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE May 31 1953		24C. NAME OF CEMETERY OR CREMATORY mt. Auburn	
DATE RECEIVED BY LOCAL REGISTRAR ON 3		REGISTRAR'S SIGNATURE Huntington		25. FUNERAL DIRECTOR ADDRESS Bal to	
VS 150					



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 53 5157

53 5157
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Iva D. Kernan</u>			2. DATE OF DEATH <u>June 1, 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Union Memorial Hosp.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>13-08</u>		
c. Length of stay in Baltimore <u>Life</u>			D. STREET ADDRESS (If rural, give location) <u>2254 Druid Park Drive</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct 30, 1891</u>		9. AGE (In years last birthday) <u>61</u> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Harrison Watson</u>			14. MOTHER'S MAIDEN NAME <u>Mary Noonan</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT ADDRESS <u>Vincent Kernan 8418 Greenway, Town</u>		

18. 420.0 and 260X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Myocardial Infarction

DUE TO

(B) arteriosclerotic heart disease

DUE TO

(C) Diabetes mellitus, Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

20 minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from May 30, 1953, to June 1, 1953, that I last saw the deceased alive on June 1, 1953, and that death occurred at 2:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county)

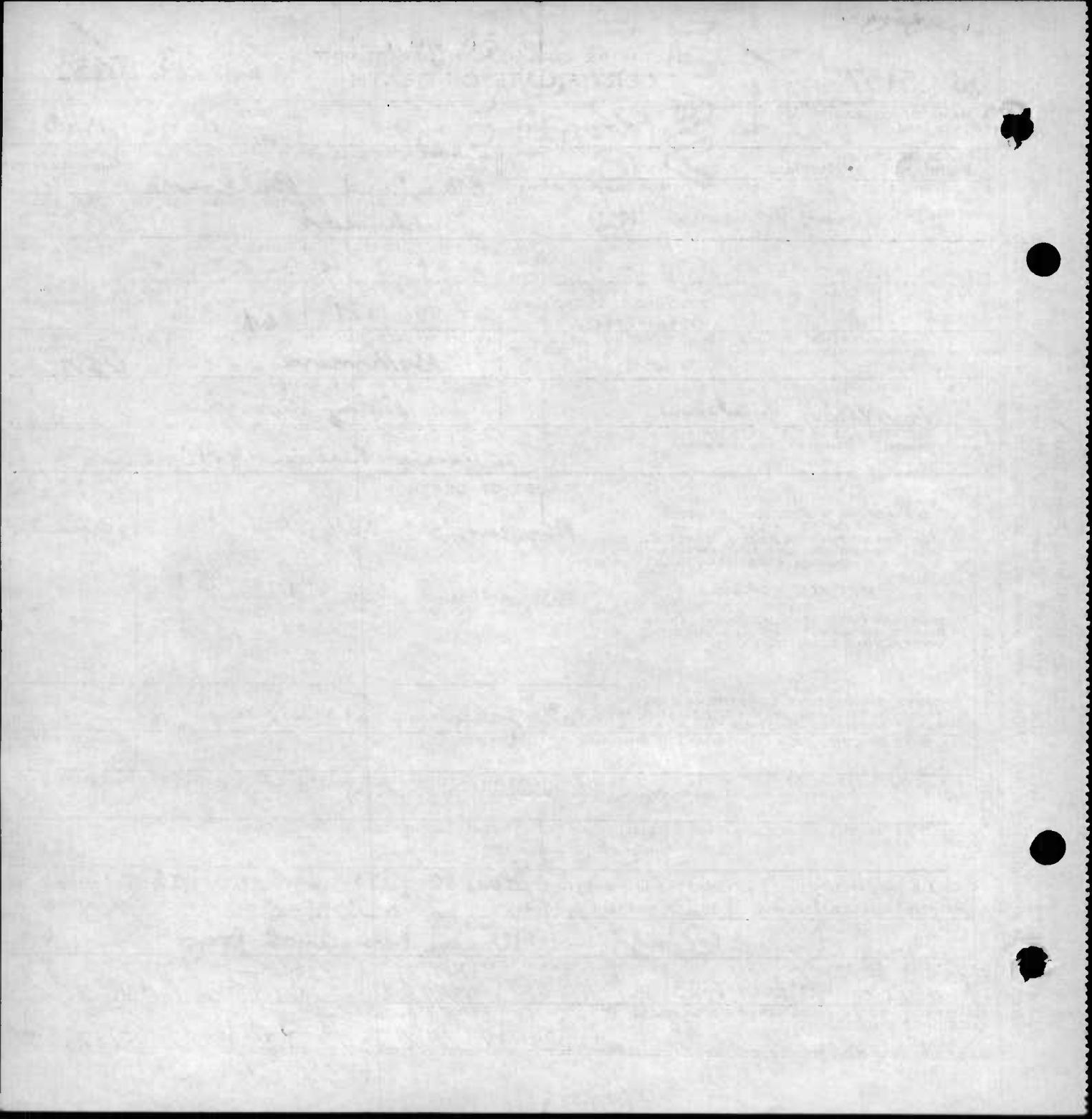
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



MAUDE ROUNDS
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53-5158

53 5158

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) *Maude Rounds*

2. DATE
OF
DEATH *6/2-53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *27 N. Carey St*

4. USUAL RESIDENCE (Where deceased lived If institution: residence before admission)
A. STATE *Maryland* B. COUNTY *13-03*

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE *Lincoln Memorial Hospital*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
2226 Madison Ave.

Length of stay in Baltimore *17*

5. SEX *Female*

6. COLOR OR RACE *Colored*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Widow*

8. DATE OF BIRTH *Dec 14-1885*

9. AGE (In years last birthday) *68*

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Cabert Co Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
James E. Egan

14. MOTHER'S MAIDEN NAME
Maud Egan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war & dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Gerald R. Simms 2324 Stockton St

18. *443X I*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Hypertensive Cardio-vascular disease*
DUE TO

INTERVAL BETWEEN ONSET AND DEATH
?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May 30, 1953* to *June 2, 1953*, that I last saw the deceased alive on *May 30, 1953*, and that death occurred at *12* m., from the causes and on the date stated above.

23A. SIGNATURE *Dr. J. J. Johnson*

23B. ADDRESS *403 Med Arts Bldg*

23C. DATE SIGNED *6/2-53*

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE *June 5/53*

24C. NAME OF CEMETERY OR CREMATORY *Mt Auburn*

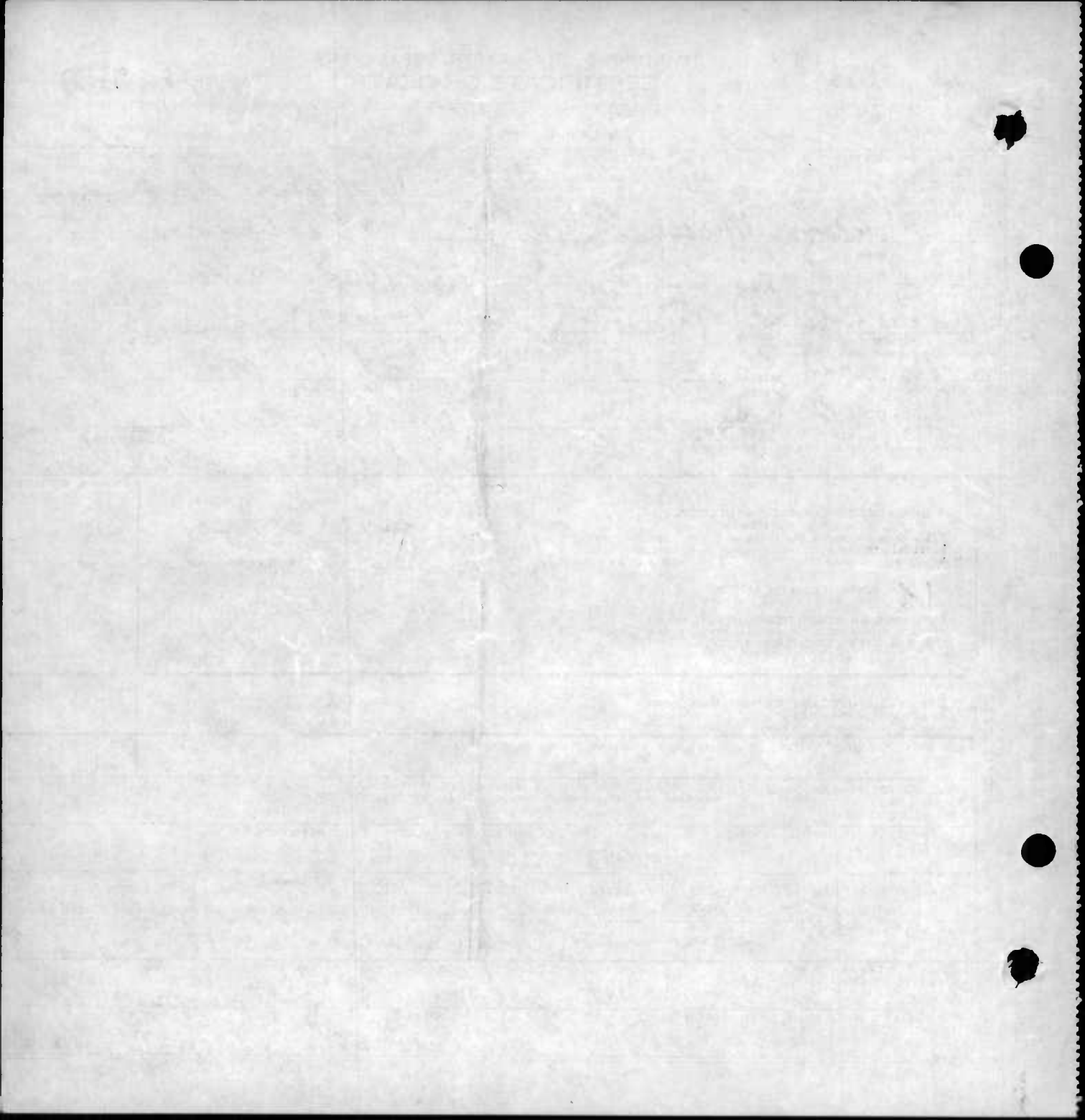
24D. LOCATION (City, town or county) (State)
Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR *JUN 3 1953*

REGISTRAR'S SIGNATURE *Huntington Williams*

25. FUNERAL DIRECTOR *Brooks Ruggold*

ADDRESS *1463 N. Carey St*



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 5159**BIRTH NO. **53 5159**1. NAME OF DECEASED
(Type or Print)**C. CLIFTON HOWES**2. DATE
OF
DEATH**2 June 1953.**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION**Union Memorial Hospital.**

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Tenn.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Nashville.

D. STREET ADDRESS (If rural, give location)

Belmont Terrace Apartments.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married.

8. DATE OF BIRTH

14 Dec 1890.

9. AGE (In years

last birthday)

62If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Chemist.**10B. KIND OF BUSINESS OR
INDUSTRY**Mfg.**

11. BIRTHPLACE (State or foreign country)

Maryland.12. CITIZEN OF
WHAT COUNTRY?**USA.**

13. FATHER'S NAME

John Wesley Howes.

14. MOTHER'S MAIDEN NAME

Emily Smiley.15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)**no**

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.**215-10-5751**17. INFORMANT **Nashville, Tenn.****Mrs. Catherine Howes-Belmont Terr. Apts.**18. **420.0**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)(A) **Pulmonary Emboli**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **Thrombus of Rt. ventricle**

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(C) **Generalized arteriosclerotic heart disease****Severe Anemia**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **30 May, 1953**, to **2 June, 1953**, that I last saw the
deceased alive on **2 June, 1953**, and that death occurred at **1:35 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Thos. A. E. Mouling

M. D.

23B. ADDRESS

Union Memorial Hospital.

23C. DATE SIGNED

2 June 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Removal**

24B. DATE

6/4/53

24C. NAME OF CEMETERY OR CREMATORY

Evergreen Cem.

24D. LOCATION (City, town, or county)

Roanoke, Va.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Tiesner & Sons

ADDRESS

Balto. 17, Md.

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 5160

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RAYMOND AUGUSTUS COOK

2. DATE
OF
DEATH June 1, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)
A. STATE B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

52 N. Monastery Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

52 N. Monastery Ave.

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug. 5, 1892

9. AGE (In years
last birthday)

60

10. Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Machinist

10B. KIND OF BUSINESS OR
INDUSTRY

Steel Refabricators

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Lemuel Cook

14. MOTHER'S MAIDEN NAME

Jennie Haines

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
216-07-4502

17. INFORMANT

ADDRESS

Mrs. Stella Cook-52 N. Monastery Ave.

18. 163X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

6 mo.

1 year

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3/24/53

19B. MAJOR FINDINGS OF OPERATION

Carcinoma and Lung Abscess

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1 1953, to 6-1, 1953, that I last saw the
deceased alive on 6-1, 1953, and that death occurred at 4:17 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. F. Schaefer

23B. ADDRESS

401 Random Road

23C. DATE SIGNED

6-1-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/4/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. J. Schaefer & Sons

ADDRESS

Baltimore, Md.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 5161BIRTH NO. 53 5161

1. NAME OF DECEASED (Type or Print) Katie Ford Cross			2. DATE OF DEATH June 2, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY none		
B. FULL NAME OF HOSPITAL OR INSTITUTION Melchoir Nursing Home 2327 N. Charles St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-44		
C. Length of stay in Baltimore 5 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 5507 Hilltop Avenue		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 14, 1866		9. AGE (In years last birthday) 87 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Talbot County, Md.		12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME John T. Ford			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Helen Osborn 5507 Hilltop Avenue		
18. 443 X. 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE DUE TO (A) ANTERIOSCLEROTIC CARDIO-VASCULAR DISEASE (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH sev yrs.					
18. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. HYPERTENSION, MODERATELY SEVERE DUE TO (A) HYPERTENSION, MODERATELY SEVERE (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 1 yr.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 51 , to JUNE 2 , 19 53 , that I last saw the deceased alive on June 1 , 19 53 , and that death occurred at 10:30 P. M. , from the causes and on the date stated above.					
23A. SIGNATURE P. Ellsworth Cook M. D.		23B. ADDRESS 2431 Maryland Ave.		23C. DATE SIGNED 6-3-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6 - 5 - 53		24C. NAME OF CEMETERY OR CREMATORY Olivet	
24D. LOCATION (City, town, or county) (State) St. Michael's, Maryland		25. FUNERAL DIRECTOR ADDRESS John O. Mitchell & Sons, Inc. - 1900 Eutaw Place M B Mitchell			
DATE RECEIVED BY LOCAL REGISTRAR JUN 3		REGISTRAR'S SIGNATURE Huntington W. B. 53			

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

REPORT OF DEATH

DATE OF DEATH

NAME OF DECEASED

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

41-63 CERTIFICATE CORRECTED 5-53 153

53 5162

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5162

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Millie Stayward

2. DATE
OF
DEATH

June 3, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland

A 3 N

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

Dorchester

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Andrews, Dorchester Co., Md.

D. STREET ADDRESS (If rural, give location)

5900

c. Length of stay in Baltimore

12

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

1-8-1891

9. AGE (In years
last birthday)

62

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Wingate, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas Jones

14. MOTHER'S MAIDEN NAME

Mary Tall

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

R. Burke Andrews, Md.

18. 175X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Carcinoma of ovaries

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

May 22, 1953

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

Carcinoma of ovaries

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-20, 1953, to 6-3, 1953, that I last saw the
deceased alive on 6-3, 1953, and that death occurred at 1:40 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Ernest F. Latham

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

June 3, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/3/53

24C. NAME OF CEMETERY OR CREMATORY

Cambridge

24D. LOCATION (City, town, or county)

Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 3 1953

REGISTRAR'S SIGNATURE

H. H. Williams, M.D.

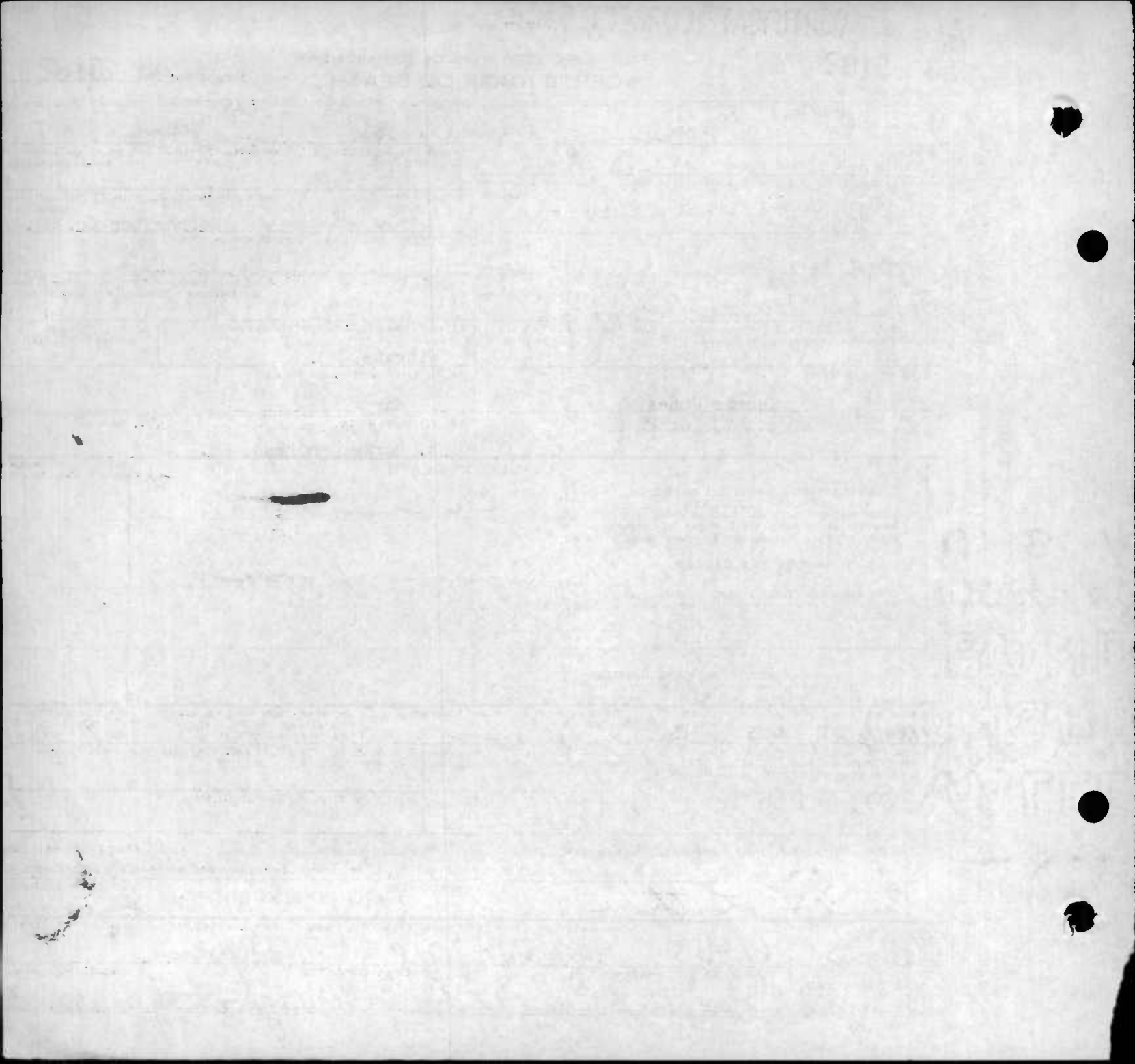
25. FUNERAL DIRECTOR

Philip Herwig Sons

ADDRESS

2024 Orleans St

VS 150



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 5163**

BIRTH NO. **53 5163** *Rev.*

1. NAME OF DECEASED (Type or Print) **MARlene Thompson**

2. DATE OF DEATH **6/2/53**

3. PLACE OF DEATH:
A. **Baltimore City, Maryland**

B. FULL NAME OF (If not in hospital or institution, give street address or location)
University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Chester Md

D. STREET ADDRESS (If rural, give location)
6700

E. Length of stay in Baltimore

5. SEX **F** **6. COLOR OR RACE** **W** **7. SINGLE, MARRIED, WIDOWED, DIVORCED** (Specify)

8. DATE OF BIRTH **Sept 30 - 1950** **9. AGE** (In years last birthday) **2** **10. Under 1 Year** **11. Under 24 Hours**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
child **10B. KIND OF BUSINESS OR INDUSTRY**

11. BIRTHPLACE (State or foreign country)
Ind **12. CITIZEN OF WHAT COUNTRY?**

13. FATHER'S NAME **James E. Thompson** **14. MOTHER'S MAIDEN NAME** **Betty Post**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **16. SOCIAL SECURITY NO.**

17. INFORMANT **Betty Thompson** **ADDRESS** **Chester Md**

18. 587.2 **CAUSE OF DEATH**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.)
Chronic Fibrocystic Disease of the Pancreas + Lung

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **19B. CONDITION FOR WHICH OPERATION WAS PERFORMED** **IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II** **20. AUTOPSY?** YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) **21B. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.) **21C. WHERE DID INJURY OCCUR?**

21D. TIME (Month) (Day) (Year) (Hour) **21E. INJURY OCCURRED** **21F. HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 6/1 1953 to 6/2 1953 that I last saw the deceased alive on 6/2 1953 and that death occurred at 6:45pm., from the causes and on the date stated above.

23A. SIGNATURE **Ray Payer** **23B. ADDRESS** **University Hospital** **23C. DATE SIGNED** **6/3/53**

24A. (BURIAL) CREMATION, REMOVAL (Specify) **24B. DATE** **June 5-53** **24C. NAME OF CEMETERY OR CREMATORY** **Stevensville** **24D. LOCATION** (City, town, or county) (State) **Stevensville Md**

DATE RECEIVED BY LOCAL REGISTRAR **REGISTRAR'S SIGNATURE** **25. FUNERAL DIRECTOR** **ADDRESS**

JUN 3 1953 **H. H. Hinton** **W. H. Hinton** **R. Lane** **Chund Hill**

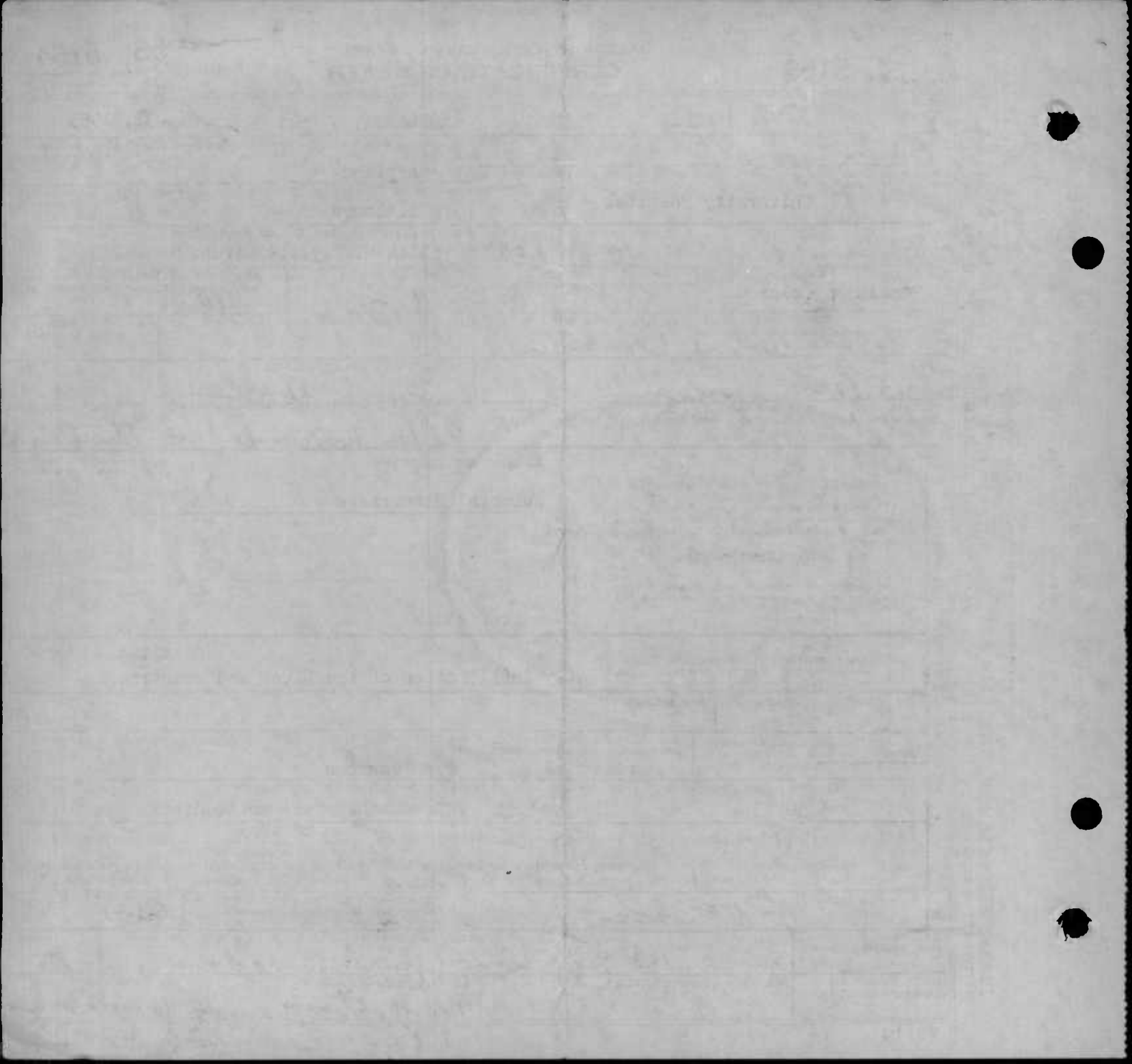
VS 150

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO. 53 5164		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 5164	
1. NAME OF DECEASED (Type or Print) GOLDIE			2. DATE OF DEATH May 31, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 41 yrs.			D. STREET ADDRESS (If rural, give location) 1614 W. Fayette Street		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 1912	9. AGE (in years last birthday) 41 yrs.	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY Domestic		
11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME William Holland			14. MOTHER'S MAIDEN NAME Anna Holland		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Ella Holland			ADDRESS 14-N. Stockton St.		
18. E903.8 and 581.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Subdural Hemorrhage			CAUSE OF DEATH Subdural Hemorrhage		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cystitis Fatty infiltration of the Liver and Hemorrhagic			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) unknown		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) unknown	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 5/30/53		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? presumably fell while drunk	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. Fisher			23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> M.D.		
23C. DATE SIGNED 6-1-53					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 1, 1953		24C. NAME OF CEMETERY OR CREMATORY Mount Zion - Cym. - Lands downe - Balto	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. FUNERAL DIRECTOR Metropolitan Funeral Home Inc.		24F. ADDRESS 1949 Edmondson Ave.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 3 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			
VS 151 N 854.2					



W-425
53 5165BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5165

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Agnes Wilson

2. DATE
OF
DEATH

5/30/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

607. GOLD. ST

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore UNKNOWN

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

607. GOLD. ST

5. SEX

FEMALE

6. COLOR OR RACE

COL.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

Sept. ?

9. AGE (In years last birthday)

75

If Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MAID

10B. KIND OF BUSINESS OR INDUSTRY

PRIVATE FAMILY

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Hellen Gross 2104 Penn Ave.

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Myocardial Degeneration
DUE TOINTERVAL BETWEEN
ONSET AND DEATH

3 M 6 S

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Generalized Arteriosclerosis
DUE TO

1 yr

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 26, 1953 to MAY 31, 1953, that I last saw the deceased alive on MAY 31, 1953, and that death occurred at 8:00 A.M., from the causes and on the date stated above.

23. SIGNATURE

Huntington Phillips

23B. ADDRESS

558 McMechan St.

23C. DATE SIGNED

6/1/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6-5-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem.

24D. LOCATION (City, town, or county)

Balt.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Phillips

25. FUNERAL DIRECTOR

W. Jackson

ADDRESS

916 Penn Ave.

25 Sept

the known

the known

the known

William A. Johnson
Sept 25 - 26 Mt. Lebanon Co. Pa.
1914

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct is especially important. Physicians write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 5166**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) *Mary G. Schusseler*

2. DATE OF DEATH *2 June 1953*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Maryland* B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
3029 SHANNON Drive

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
3029 SHANNON Drive

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

Female

White

Single

FEB 20 - 1925 78

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

AT Home

BALTO

Md

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

John Peter Schusseler

Mary Yost

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr JAMES C. Schusseler SAME

18. *443X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) *Cerebral Hemorrhage*

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Cardio-Vascular Hypertensive Disease*

10 years

(C) *Arteriosclerosis*

10 years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *31 MARCH, 1953* to *2 JUNE, 1953*, that I last saw the deceased alive on *1 JUNE, 1953*, and that death occurred at *6 P. m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Michael J. Dausch

4636 Belair Road #6

2 June 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

June 5-1953

Holy Redeemer

BALTO

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

June 3 1953

Thurston

Lemard J. Luck

5305 Nayford

REPUBLIC OF CALIFORNIA

OFFICE OF THE ATTORNEY GENERAL

1978

RECEIVED

NOV 15 1978

TO THE HONORABLE THE ATTORNEY GENERAL

FROM THE HONORABLE THE ATTORNEY GENERAL

RE: [illegible]

ATTORNEY GENERAL

DEAR MR. ATTORNEY GENERAL:

I am writing to you regarding [illegible]

and to inform you of the results of [illegible]

Very truly yours,

[illegible signature]

1978 NOV 15 1978

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 M-626
5167

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5167

BIRTH NO.		1. NAME OF DECEASED (Type or Print) August Merker		2. DATE OF DEATH June 1, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 7112 Chambers Road		D. STREET ADDRESS (If rural, give location) 7112 Chambers Road		c. Length of stay in Baltimore Yrs. Mos. Days	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec 17, 1887	9. AGE (in years last birthday) 65	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager Ameridan		10B. KIND OF BUSINESS OR INDUSTRY Sugar Refining		11. BIRTHPLACE (State or foreign country) Germany	
13. FATHER'S NAME Ferdinand Merker		14. MOTHER'S MAIDEN NAME Amelia Von Bonin		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Matilda Merker, 7112 Chambers Road	
18. 199.8 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Metastatic Carcinoma DUE TO Colon - Lung - Brain DUE TO Colo - Lung - Brain DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 2 mos.	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 31, 1953 , to May 31, 1953 , that I last saw the deceased alive on May 31, 1953 , and that death occurred at 2:35 a. m. , from the causes and on the date stated above.					
23A. SIGNATURE E. M. Lean		23B. ADDRESS 705 New Oak Rd		23C. DATE SIGNED June 2-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 4, 1953		24C. NAME OF CEMETERY OR CREMATORY Moreland Memorial Park	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR Leonard J. Ruck		25. ADDRESS 5305 Harford Road #14	

Dr. George Mc Lean
Medical Arts Bldg.

V-453

53 5168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 5168

BIRTH NO. 3-12339

1. NAME OF DECEASED
(Type or Print)

Anthony Blase Violenti

2. DATE
OF
DEATH

June 2 "1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Hospital for the Women of Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1629 Gough ST. (31)

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

June 2 "1953

9. AGE (in years last birthday)

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore-Maryland

12. CITIZEN OF (State or foreign country)

U.S.A.

13. FATHER'S NAME

Cesare Violenti

14. MOTHER'S MAIDEN NAME

Theresa Maszczenski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 762.5

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Anoxia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Prematurity

DUE TO

(C)

Premature Labor 31 wks

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from June 2, 1953, to June 2, 1953, that I last saw the deceased alive on June 2, 1953, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Robert L. Loeck

23B. ADDRESS

Hospital for the Women of Md. June 2 '53

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

June 3/53

Holy Rosary

Baltimore County

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

John M. Weber, 401 Chester St.

2011 12

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

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January 1, 1954

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58 5169

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5169
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA

MAE

WILLIAMS

2. DATE
OF
DEATH

May 31, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (not in hospital or institution, give street address or location)

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1631 E. Preston Street

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHICH COUNTRY?

U.S.A.

13. FATHER'S NAME

George Barker

14. MOTHER'S MAIDEN NAME

Maggie Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Maggie Anderson Mother

18. 241 X and 322.1
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Bronchial Asthma

(A)

XXXXX
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Acute and Chronic Alcoholism

XXXXX

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING ITINTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. F. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒ASSISTANT MEDICAL EXAMINER.....☐MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

6-1-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. GENERAL DIRECTOR

ADDRESS

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

June 3rd 1953 Mt Calvary Cemetery

Huntington Williams, M.D.

Chas. O. Wilson

1000 Brantley

6-10 80

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 5170
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Mary Josephine Shea

2. DATE
OF
DEATH

JUNE 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Bon Secours Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

520 Boeck Hill TERRACE

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Female white

10B. KIND OF BUSINESS OR INDUSTRY

widowed

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Martin Flynn

14. MOTHER'S MAIDEN NAME

Julia Clark

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Helene Shea - 520 Boeck Hill Terrace

18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *myocardial Infarction*

7 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Coronary Thrombosis*

7 days

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Generalized Arteriosclerosis

5 yrs +

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *5-29, 1953* to *6-2, 1953*, that I last saw the deceased alive on *6-2, 1953*, and that death occurred at *2:30 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 5171BIRTH NO. 53-131741. NAME OF DECEASED
(Type or Print)*Baby John Patrick Mc Gowan*2. DATE
OF
DEATH*6-3-1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION*St. Agnes Hospital*C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)*Baltimore 28-04*

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4902. Alson Drive

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

6-1-1953

9. AGE (in years)

last birthday

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

*2 day 3 hr*10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Balto Ind.*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles A. Jr. McGowan

14. MOTHER'S MAIDEN NAME

*Mary J. Buser*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Charles A. Jr. McGowan 4902 Alson Drive*18. *762.5*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Prematurity (Atherosclerosis)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at *3 A* m., from the causes and on the date stated above.

23A. SIGNATURE

Edward T. Hines Jr.

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6-4-1953

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

*Baltimore Ind.*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Robt C. T. Beulah Walters 1218 Stricker St.

ADDRESS

STATE OF NEW YORK
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Death	
5. Place of Birth		6. Occupation		7. Cause of Death		8. Manner of Death	
9. Name of Physician		10. Name of Coroner		11. Name of Registrar		12. Name of Burial Place	
13. Name of Next of Kin		14. Name of Executor		15. Name of Administrator		16. Name of Beneficiary	
17. Name of Witness		18. Name of Witness		19. Name of Witness		20. Name of Witness	
21. Name of Witness		22. Name of Witness		23. Name of Witness		24. Name of Witness	
25. Name of Witness		26. Name of Witness		27. Name of Witness		28. Name of Witness	
29. Name of Witness		30. Name of Witness		31. Name of Witness		32. Name of Witness	
33. Name of Witness		34. Name of Witness		35. Name of Witness		36. Name of Witness	
37. Name of Witness		38. Name of Witness		39. Name of Witness		40. Name of Witness	
41. Name of Witness		42. Name of Witness		43. Name of Witness		44. Name of Witness	
45. Name of Witness		46. Name of Witness		47. Name of Witness		48. Name of Witness	
49. Name of Witness		50. Name of Witness		51. Name of Witness		52. Name of Witness	
53. Name of Witness		54. Name of Witness		55. Name of Witness		56. Name of Witness	
57. Name of Witness		58. Name of Witness		59. Name of Witness		60. Name of Witness	
61. Name of Witness		62. Name of Witness		63. Name of Witness		64. Name of Witness	
65. Name of Witness		66. Name of Witness		67. Name of Witness		68. Name of Witness	
69. Name of Witness		70. Name of Witness		71. Name of Witness		72. Name of Witness	
73. Name of Witness		74. Name of Witness		75. Name of Witness		76. Name of Witness	
77. Name of Witness		78. Name of Witness		79. Name of Witness		80. Name of Witness	
81. Name of Witness		82. Name of Witness		83. Name of Witness		84. Name of Witness	
85. Name of Witness		86. Name of Witness		87. Name of Witness		88. Name of Witness	
89. Name of Witness		90. Name of Witness		91. Name of Witness		92. Name of Witness	
93. Name of Witness		94. Name of Witness		95. Name of Witness		96. Name of Witness	
97. Name of Witness		98. Name of Witness		99. Name of Witness		100. Name of Witness	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 5172**

4 C-200
53 5172

BIRTH NO.

1. NAME OF DECEASED (Type or Print) **CHARLES NORVAL COX, SR.** 2. DATE OF DEATH **MAY 31, 1953**

3. PLACE OF DEATH:
A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **MD.** B. COUNTY **20-07**

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION **MERCY HOSPITAL** C. CITY OR TOWN **BALTIMORE, 29**
D. STREET ADDRESS (If rural, give location) **303 LYNDBURST AVE**

c. Length of stay in Baltimore **31 yrs** Yrs. Mos. Days
5. SEX **M** 6. COLOR OR RACE **W** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **MAY 16, 1889** 9. AGE (In years last birthday) **63** 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired** 10b. KIND OF BUSINESS OR INDUSTRY **B.O.R.C.** 11. BIRTHPLACE (State or foreign country) **MARYLAND** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13. FATHER'S NAME **CHARLES JAMES COX** 14. MOTHER'S MAIDEN NAME **CLARIBEL COFFEY**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT **Mrs. Anna Lee Cox, 303 Lyndhurst St.** ADDRESS

18. **451X** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) **Dissecting aneurysm of abdominal aorta**
DUE TO
(B) **arteriosclerosis**
DUE TO
(C)

19. **451X** ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION **MAY 31, 1953** 19b. MAJOR FINDINGS OF OPERATION **INTESTINAL OBSTRUCTION** 20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 27, 1953** to **May 31, 1953** that I last saw the deceased alive on **May 31, 1953** and that death occurred at **10:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Robert A. Moore Jr., M.D.** 23b. ADDRESS **Mercy Hospital** 23c. DATE SIGNED **June 1, 1953**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **June 3/53** 24c. NAME OF CEMETERY OR CREMATORY **Meadow Ridge, Harsey, Ind.** 24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR **Huntington Williams** REGISTRAR'S SIGNATURE **Arthur E. Edmondson** 25. FUNERAL DIRECTOR **Arthur E. Edmondson** ADDRESS **69050**

VS 150

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

F 460

53 5173

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5173

BIRTH NO. 53-11857 Ed. Chas.

1. NAME OF DECEASED (Type or Print) Baby Fuller, Jr.		2. DATE OF DEATH 5-21-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Agnes Hospital		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY	
c. Length of stay in Baltimore Yrs. Mos. Days		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md. D. STREET ADDRESS (If rural, give location) Gilmor & Mc Henry Sts.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 5-21-53
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (in years last birthday) 12 Hours	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md.	
13. FATHER'S NAME Edward Fuller		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		14. MOTHER'S MAIDEN NAME Mary Wetzel	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Pneumonia DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 20, 1953 to May 21, 1953 that I last saw the deceased alive on May 21, 1953 and that death occurred at 1:10 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE P. H. Heng-Tun		23B. ADDRESS St. Agnes Hospital		23C. DATE SIGNED 5-22-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 6/3/53		24C. NAME OF CEMETERY OR CREMATORY CATHEDRAL	
24D. LOCATION (City, town, or county) (State) BALTIMORE Md.		25. FUNERAL DIRECTOR M. FAHEY & SONS		ADDRESS 401 SUFFOLK Rd.	

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAY-170059 53 5174		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 5174	
1. NAME OF DECEASED (Type or Print)			Sarah		2. DATE OF DEATH June 1, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-01		
c. Length of stay in Baltimore 60 yrs.			D. STREET ADDRESS (If rural, give location) 1527 N. Carey St. zone 17		
5. SEX F	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 19, 1869	9. AGE (In years last birthday) 83	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Everett			14. MOTHER'S MAIDEN NAME Jane Williams		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS B. C. H. 4940 Eastern Ave. (records)		
18. 578X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			CAUSE OF DEATH (A) Rectal Prolapse DUE TO (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION May 21-1953		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Rectal Prolapse	IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 5-4, 1953, to 6-1, 1953 that I last saw the deceased alive on 6-1, 1953, and that death occurred at 7 P. m., from the causes and on the date stated above.					
23A. SIGNATURE H. J. Jones, M. D.		23B. ADDRESS 4940 Eastern Ave., Balto., Md.		23C. DATE SIGNED 6-1-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE June 4/53	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	24D. LOCATION (City, town, or county) (State) Baltimore Md.		
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Thurston	25. FUNERAL DIRECTOR Joseph G. Russ		ADDRESS 2222 W. North	

CERTIFICATE OF DEATH

1. Name of deceased: [illegible]

2. Date of death: [illegible]

3. Place of death: [illegible]

4. Cause of death: [illegible]

5. Signature of physician: [illegible]

6. Signature of registrar: [illegible]

7. Signature of informant: [illegible]

8. Date of registration: [illegible]

9. Place of registration: [illegible]

10. Signature of registrar: [illegible]

11. Signature of informant: [illegible]

12. Signature of registrar: [illegible]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 5175**

BIRTH NO. **53 5175**

1. NAME OF DECEASED (Type or Print) Mr. THEODORE R. STEPHENS			2. DATE OF DEATH 6-2-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND COUNTY BALTIMORE		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION CHURCH HOME			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore 11 yrs. 11 mos. 5 days			D. STREET ADDRESS (If rural, give location) 2605 YORKWAY		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Aug 10 1909	9. AGE (in years last birthday) 43	10. Under 1 Year Months: Days: 2 2
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICIAN		10B. KIND OF BUSINESS OR INDUSTRY BETHLEHEM STEEL	11. BIRTHPLACE (State or foreign country) GEORGIA		12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME WINFIELD STEPHENS			14. MOTHER'S MAIDEN NAME MINNIE HAYES		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO.		16. SOCIAL SECURITY NO. 254-09-0211	17. INFORMANT WIFE ADDRESS 2605 YORKWAY - 22		

18. 156.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CA OF LIVER, METASTATIC.	INTERVAL BETWEEN ONSET AND DEATH 2 mos.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6-1**, 19**53**, to **6-2**, 19**53** that I last saw the deceased alive on **6-2**, 19**53** and that death occurred at **3:15 P** m., from the causes and on the date stated above.

23A. SIGNATURE **Jack C Collins** M. D. 23B. ADDRESS **Church Home & Hospital** 23C. DATE SIGNED **6-2-53**

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE JUNE 4, 1953	24C. NAME OF CEMETERY OR CREMATORY BAK LAWN	24D. LOCATION (City, town, or county) (State) COLGATE MD
DATE RECEIVED BY LOCAL REGISTRAR JUN 3 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR ULLRICH FUNERAL HOME	ADDRESS 2112 DUNDALK AV.

VS 150

5153U

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct date is especially important. Physicians: please write the causes of death clearly and legibly.

10-10-10

RECEIVED BY THE SECRETARY OF THE ARMY
OFFICE OF THE SECRETARY OF THE ARMY
WASHINGTON, D. C.

TO THE SECRETARY OF THE ARMY
FROM THE SECRETARY OF THE ARMY
SUBJECT: [Illegible]

[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a memorandum or official communication.]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-140 76 MAY-154383 53 5176 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 5176 Registered No.	
1. NAME OF DECEASED (Type or Print) Adolph E. Koppel			2. DATE OF DEATH 6-2-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 24 yrs.			D. STREET ADDRESS (If rural, give location) 4940 Eastern Ave. (B.C.H.)		
5. SEX M	6. COLOR OR RACE Wh	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH Mar. 12, 1878	9. AGE (In years last birthday) 75	H Under 1 Year Months: Days: H Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Jeweler		10B. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Aaron Koppel (dec.)			14. MOTHER'S MAIDEN NAME Emma Kinzel (dec.)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS B. C. H. 4940 Eastern Ave. (records)		
18. 332X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis DUE TO ANTECEDENT CAUSES Cerebral Sclerosis DUE TO Generalized Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 7		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-30 , 19 51 , to 6-2 , 19 53 , that I last saw the deceased alive on 6-2 , 19 53 , and that death occurred at 12:30AM , from the causes and on the date stated above.					
23A. SIGNATURE <i>H. J. [Signature]</i>		23B. ADDRESS 4940 Eastern Ave., Balto., Md.		23C. DATE SIGNED 6-2-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) cremation		24B. DATE 6/5/53		24C. NAME OF CEMETERY OR CREMATORY Green Mount Crematory	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland					
DATE RECEIVED BY LOCAL REGISTRAR JUN 3		REGISTRAR'S SIGNATURE <i>H. J. [Signature]</i>		25. FUNERAL DIRECTOR ADDRESS 1217 St. Paul Street	

STATE OF TEXAS

County of _____

Know all men by these presents, that _____ of the County of _____ State of Texas, for and in consideration of the sum of _____ Dollars, to _____ in hand paid by _____ the receipt of which is hereby acknowledged, have granted, sold and conveyed, and by these presents do grant, sell and convey unto the said _____ of the County of _____ State of Texas, all that certain _____

TO HAVE AND TO HOLD unto the said _____ heirs and assigns forever.

And the said _____ do hereby certify that the foregoing is a true and correct copy of the original of the same as the same appears from the records of the County Clerk of the County of _____ State of Texas.

Witness my hand and seal of office this _____ day of _____ A.D. 19____.

County Clerk

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 5177W-452
53 5177

1. NAME OF DECEASED (Type or Print) <u>Irone Harris Williams</u>			2. DATE OF DEATH <u>May 31, 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>18-01</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>906 Pierce St.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto.</u>		
c. Length of stay in Baltimore Yrs. <u>8</u> Mos. <u>0</u> Days <u>0</u>			D. STREET ADDRESS (If rural, give location) <u>906 Pierce St.</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 20, 1891</u>	9. AGE (In years last birthday) <u>62</u>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House servant</u>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Balto. Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>William Dyson</u>			14. MOTHER'S MAIDEN NAME <u>Ella James</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, note unknown) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Ethel Hammond</u> ADDRESS <u>910 Pierce St.</u>		
18. <u>443X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cerebral Hemorrhage</u> DUE TO (A) <u>Hypertensive H.D.</u> DUE TO (B) <u>Unknown</u> DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Oct 31</u> , 19 <u>51</u> , to <u>May 31</u> , 19 <u>53</u> that I last saw the deceased alive on <u>May 31</u> , 19 <u>53</u> , and that death occurred at <u>4 P.M.</u> from the causes and on the date stated above.					
23A. SIGNATURE <u>H. Harland Powell</u>		23B. ADDRESS <u>103 E. Edmonson</u>		23C. DATE SIGNED <u>6.2.53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>6/4/1953</u>		24C. NAME OF CEMETERY OR CREMATORY <u>St. Albans Cem.</u>	
24D. LOCATION (City, town, or county) <u>Balto.</u>		24E. LOCATION (State) <u>Md.</u>		24F. LOCATION (Country) <u>U.S.A.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 3 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		25. FUNERAL DIRECTOR <u>W. L. Williams</u> ADDRESS <u>329</u>	

STATE OF NEW YORK
CERTIFICATE OF DEATH

FILE NO.

1

WALTER
COLLIER

DECEASED
NAME
AGE
SEX
RACE
BIRTH
DEATH

DATE OF DEATH
PLACE OF DEATH

CAUSE OF DEATH

SIGNATURE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 5178**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Pauline Holden Jenkins*2. DATE
OF
DEATH*5-30-53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*Provident Hospital*

C. CITY OR TOWN (If outside corporate limits, write JURAT and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

756 W. Mulberry St.

c. Length of stay in Baltimore

life

5. SEX

F

6. COLOR OR RACE

*C*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*WIDOWED*

8. DATE OF BIRTH

*2-28-1880*9. AGE (In years
last birthday)*73*If Under 1 Year
Months: Days*3*If Under 24 Hours
Hours: Min.*2*10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Housekeeper*10B. KIND OF BUSINESS OR
INDUSTRY*None*

11. BIRTHPLACE (State or foreign country)

*BALTIMORE, Maryland*12. CITIZEN OF
WHAT COUNTRY?*U.S.A.*

13. FATHER'S NAME

Sewell Holden

14. MOTHER'S MAIDEN NAME

*Mary Bibbens*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Patient

ADDRESS

*Same*18. *585X and 214X*
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) *Peritonitis, Dremia*

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH*5 months*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Obstruction of common bile duct*

DUE TO

(C) *Cholecystitis*II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.*Fibroid uterus*

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3-26-53*, 19*53*, to *5-30-*, 19*53*, that I last saw the
deceased alive on *5-30*, 19*53*, and that death occurred at *9:00 A.* m., from the causes and on the date stated above.

23A. SIGNATURE

Ralph O. de la Cruz

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

*6-1-53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6/5/1953

24C. NAME OF CEMETERY OR CREMATORY

W. T. Calverton Cem. Balto. Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

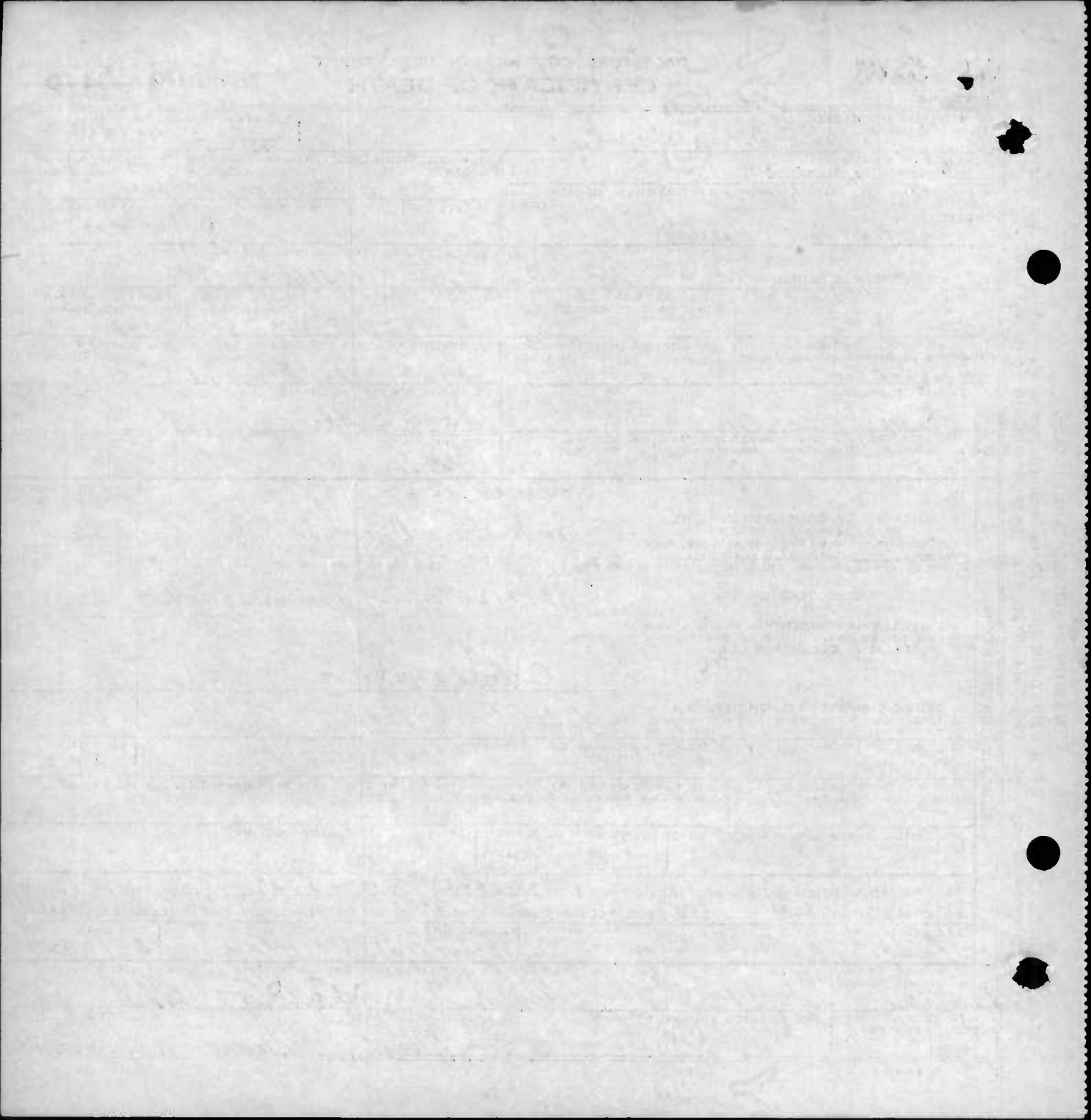
REGISTRAR'S SIGNATURE

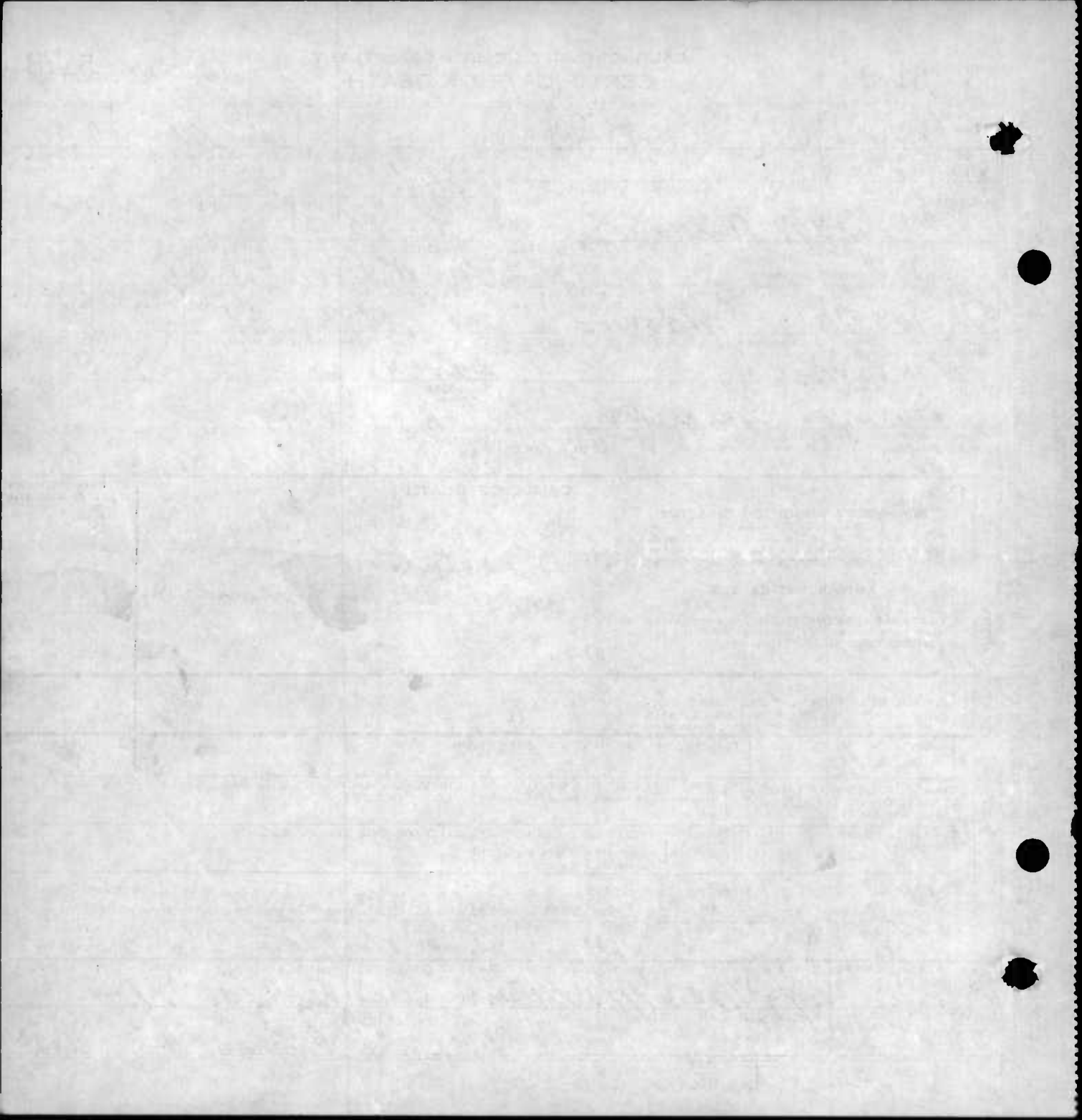
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mr. John P. Williams, A. Schorran & Co.

ADDRESS





BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. **53 5180**BIRTH NO. **53 5180 53-04333**1. NAME OF DECEASED
(Type or Print)**Baby girl Harris**2. DATE
OF
DEATH**2/23/53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Proident Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.**14-02**

c. Length of stay in Baltimore

2 hrs.

D. STREET ADDRESS (If rural, give location)

1504 McCulloh St

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

2/23/53

9. AGE (In years last birthday)

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.**2**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Arthur**Harris**

14. MOTHER'S MAIDEN NAME

Pauline**Johnson**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mother**Jane**18. **776X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK

NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2/23**, 19**53**, to **2/23**, 19**53**, that I last saw the deceased alive on **2/23**, 19**53**, and that death occurred at **4:18 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE

Ernest Dittler

M. D.

23B. ADDRESS

601 N. Calhoun St.

23C. DATE SIGNED

2/24/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

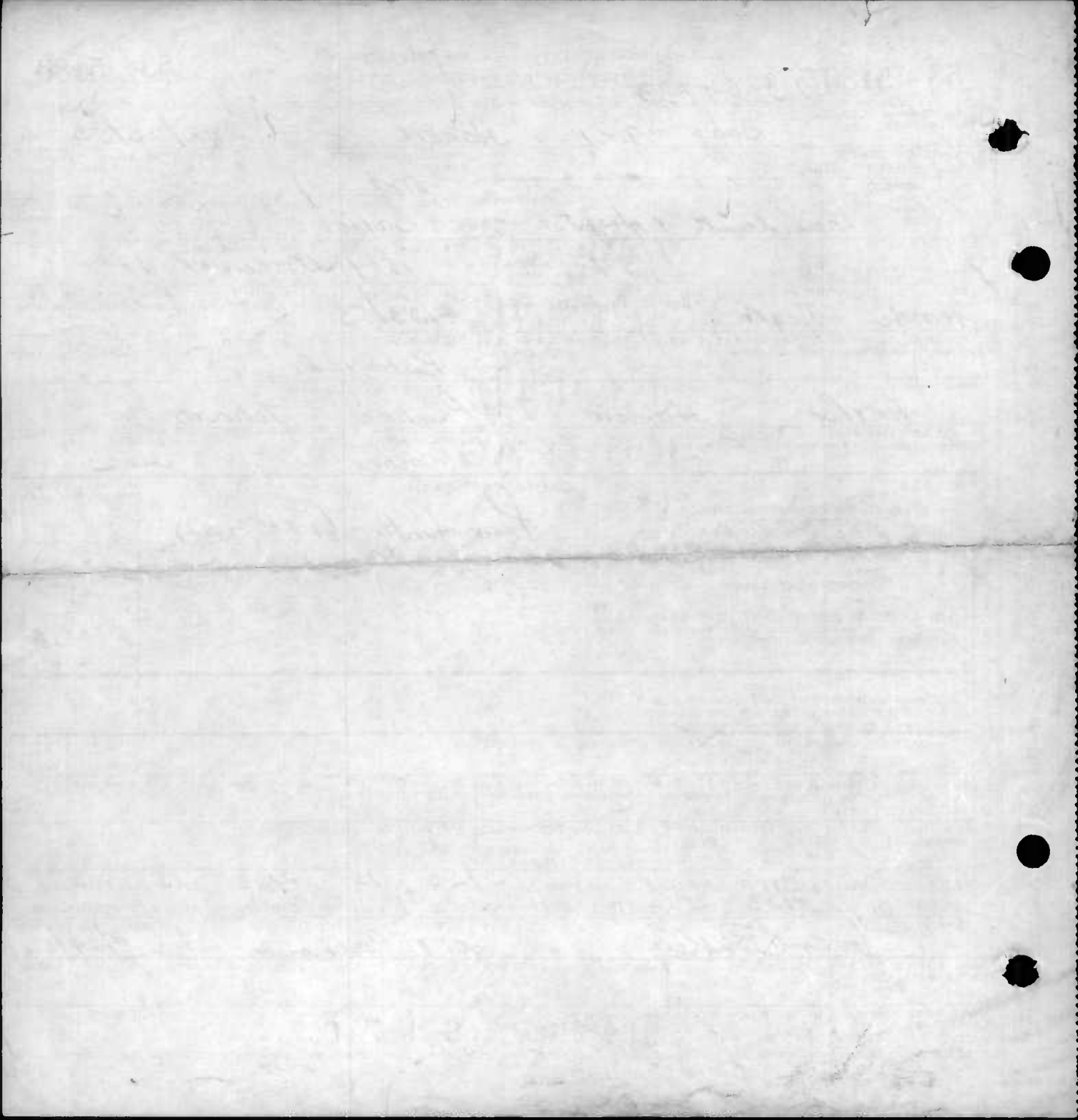
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 3 1953 Huntington Williams, Md.**5170**



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5181

BIRTH NO. 53 5181

1. NAME OF DECEASED
(Type or Print)WILSON
CALVIN HARKINS2. DATE
OF
DEATH

6/3/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE B. COUNTY

Maryland Harford

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Forest Hill 6200

D. STREET ADDRESS (If rural, give location)

CHESTNUT HILL (RURAL)

c. Length of stay in Baltimore

75

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Arteriosclerotic Heart Disease

1 yr +

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Generalized Arteriosclerosis

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

April 1953

Arteriosclerotic gangrene of legs bilateral

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from 6/3, 1953, to 6/3, 1953, that I last saw the
deceased alive on 6/3, 1953, and that death occurred at 2:40 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

David F. Larson

M. D. Church Home & Hospital

6/3/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

6/6/53

DEER CREEK CEMETRY

RFD FOREST HILL, MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

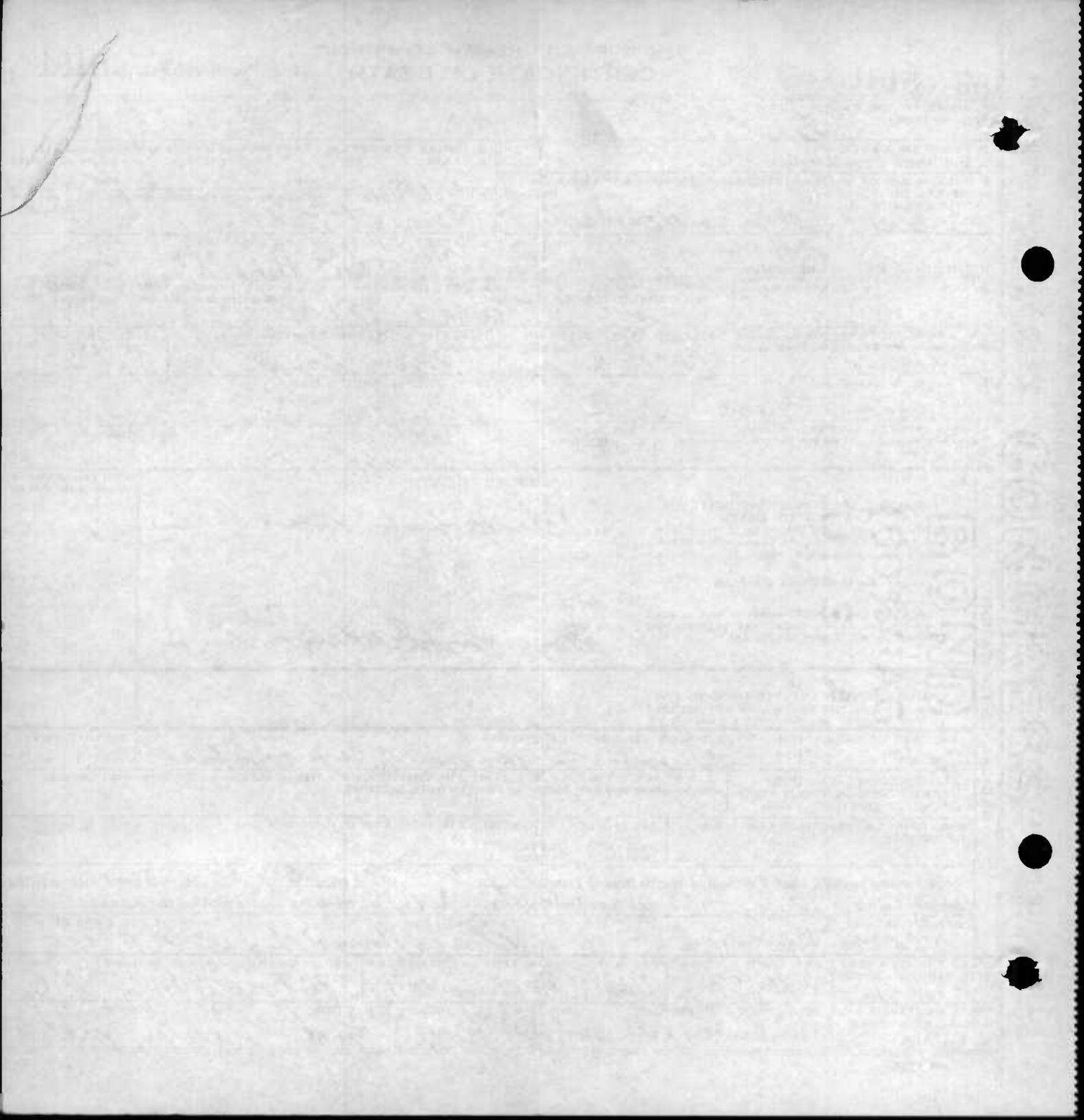
25. FUNERAL DIRECTOR

ADDRESS

JUN 3

Huntington-Wallace

Joe J. Proctor, Bel Air, Md.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-222

53 5182

Wojciechowski

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 5182
6-3-1953

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jan J. Wojciechowski

2. DATE
OF
DEATH

June 3, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Stal 1 Surg

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Md.

B. COUNTY

Prince Georges

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

College Park

6600

D. STREET ADDRESS (If rural, give location)

4612 College Ave

c. Length of stay in Baltimore

7 days

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

12-2-1910

9. AGE (In years last birthday)

42

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Mining Engineer

10B. KIND OF BUSINESS OR INDUSTRY

Bureau of Mining

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

Poland

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Mary (unknown) Wojciechowski

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

06 - 02 - 60553

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma Stomach

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

May 1953

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

Above

IF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-26, 1953, to 6-3, 1953, that I last saw the deceased alive on 6-3, 1953, and that death occurred at 6:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

J. Ralph Dunning Jr.

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 3, 1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

24D. LOCATION (City, town, or county)

Washington, D.C.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 4

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Earl H. Wolverton Funeral Home, Inc

ADDRESS

403 - E 25th St

VS 150

04891

Baltimore, 18, Maryland

5217

STATE OF TEXAS

2000

Y. Y.

STATE Y

100-1000

50-100

100-1000

50-100

STATE OF TEXAS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

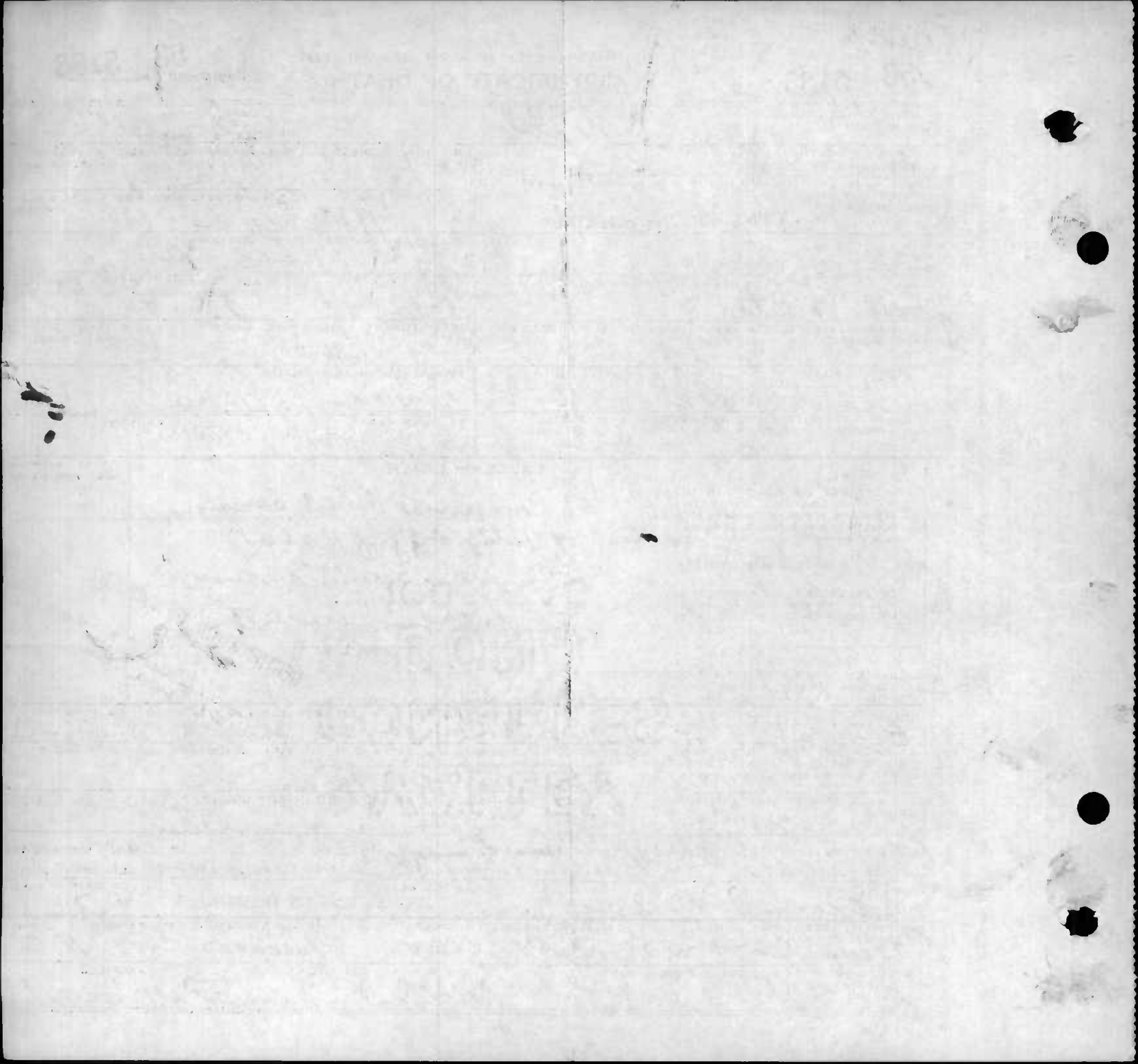
Med 100-100
5 Beloved to hospital
253 Res

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. *53* *5183*

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Karen Webb</i>		2. DATE OF DEATH <i>June 3-1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>No. Carolina</i>		B. COUNTY <i>V-30</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN <i>Morehead</i>		D. STREET ADDRESS (If rural, give location) <i>709 Fisher St.</i>	
C. Length of stay in Baltimore		Yrs. Mos. Days			
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>1-12-51</i>	9. AGE (In years last birthday) <i>2</i>	10. Under 1 Year Months: Days <i>5</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>No. Carolina</i>	
13. FATHER'S NAME <i>Norton Webb</i>		14. MOTHER'S MAIDEN NAME <i>Elsie Willis</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>754.0 and E954.7</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Congenital Heart Disease,</i> DUE TO <i>Fetiology of Fallot</i> (B) <i>Cardiac arrest during</i> DUE TO <i>anesthesia induced</i> (C)		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>6/3/53</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>Cong. Heart Disease</i>		IF OPERATED, DECEASED REATED TO CAUSE OF DEATH. ENTER IN PART I OF PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>Hospital</i>		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? <i>J. Hopkins Hosp.</i>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>June 3, 1953</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>Cardiac arrest during anesthesia</i>	
22. I hereby certify that I attended the deceased from <i>6-1</i> , 19 <i>53</i> , to <i>6-3</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>6-3</i> , 19 <i>53</i> , and that death occurred at <i>9:35 A.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>James V. Mulowny</i> M. D.		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>6/3/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>		24B. DATE <i>6-3-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>BAY VIEW</i>	
24D. LOCATION (City, town, or county) (State) <i>MOREHEAD CITY, N.C.</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, Jr.</i>		ADDRESS <i>1217 ST. PAUL ST.</i>	

VS 150
N999.2



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 5184
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ithra Winford Sandy

2. DATE
OF
DEATH

6/1/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

South Baltimore Gen. Hosp.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

722 Light St.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 7, '03

9. AGE (In years last birthday)

49

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Balto. City

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Sandy

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Elsie Sandy 722 Light St.

18. 434.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute pulmonary edema

3 - 4

DUE TO

hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Congestive heart failure

same

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 6/1/53, 19__, to 6/1/53, 19__, that I last saw the deceased alive on 6/1/53, 19__, and that death occurred 4:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

1226 Hanover St.

23C. DATE SIGNED

6/3/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/5/53

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county)

Ritchie Hgwy.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 4 1953

Huntington, William M.

JOHN F. DENNY, INC. 715 Light St.

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R. H. Habel

8-11

7-9

3 21ms

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5185

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ethel Roberta Puller

2. DATE
OF
DEATH

June 1, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION 129 E. Birkhead St.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

129 E. Birkhead St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2/15/1893

9. AGE (in years,

last birthday)

60

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Albert Neill

14. MOTHER'S MAIDEN NAME

Mary Ellen Cropper

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Maude Bailey 1011 Patapsco St

18. 420.1 and 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Dislike Maltreat

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 19, 1952, to June 1, 1952, that I last saw the
deceased alive on Jan. 1, 1952, and that death occurred at 4 P. M., from the causes and on the date stated above.

23A. SIGNATURE

D. P. Friedman

M. D.

23B. ADDRESS

1319 Lister St.

23C. DATE SIGNED

6/3/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/4/53

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county)

Ritchie Hwy.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Halliwell, M.D.

25. FUNERAL DIRECTOR

ADDRESS

JOHN F. DENNY, INC. 715 Light St.

UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE
BUREAU OF PRISONS

1319 Legat case

10-11

6-30-8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct date is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. 53 5186

 BIRTH NO. 53 5186

 1. NAME OF DECEASED
(Type or Print)

(MALE)

Smith

 2. DATE OF DEATH April 27, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Doctors Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

 A. STATE Maryland

 B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, 3000

D. STREET ADDRESS (If rural, give location)

1328 Dartmouth Road

c. Length of stay in Baltimore

 Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

April 26, 1953

9. AGE (In years last birthday)

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

18 45

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Ulmont Smith

14. MOTHER'S MAIDEN NAME

Isabelle Hood

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mother

ADDRESS

18.

762.5 I

CAUSE OF DEATH

 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Atelectasis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Prematurity

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

 II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES ☒ NO ☐

 21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

 WHILE AT WORK ☐ NOT WHILE AT WORK ☐

 22. I hereby certify that I attended the deceased from April 26, 1953 to April 27, 1953, that I last saw the deceased alive on April 27, 1953 and that death occurred at 7:45 A.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Cremation
April 28, 1953
Doctors Hospital
Baltimore 18, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1973, 75, 1976

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-330		BALTIMORE CITY HEALTH DEPARTMENT		53 5187	
5187		CERTIFICATE OF DEATH		Registered No. 53 5187	
BIRTH NO. 53-05202					
1. NAME OF DECEASED (Type or Print)		CAROLINE WHITEHEAD		2. DATE OF DEATH June 3, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
5. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore Gen. Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		22-01	
c. Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) 19 W. Montgomery Street			
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 5, 1953	9. AGE (In years last birthday) 3 mo.	10. Under 1 Year Months; Days 10 Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Balto	
13. FATHER'S NAME Harley Maddox		14. MOTHER'S MAIDEN NAME RosaLee Whitehead		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Rosalee Whitehead, 19 W. Montgomery	
18. 492X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) INTERSTITIAL PNEUMONITIS DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Interstitial pneumonitis DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
22A. SIGNATURE Joseph A. Jachimczyk M.D.		22B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		22C. DATE SIGNED June 3, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/5/53		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	
24D. LOCATION (City, town, or county) Balto		24E. DATE RECEIVED BY LOCAL REGISTRAR JUN 4 1953		24F. REGISTRAR'S SIGNATURE Huntington Williams	
24G. DATE RECEIVED BY LOCAL REGISTRAR		24H. REGISTRAR'S SIGNATURE		24I. FUNERAL DIRECTOR James A. Hayes	
24J. ADDRESS		24K. ADDRESS		24L. ADDRESS	

Completed - 9/16/53

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 5188**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Edwin F Knipp**2. DATE
OF
DEATH**June 3, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. **420.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

20. AUTOPSY?

YES ☐ NO ☐

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb.**, 19**53** to **June 3**, 19**53** that I last saw the
deceased alive on **May 25**, 19**53**, and that death occurred at **5:15 A.M.** from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Dr Stevens

3400 Erdman Ave

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 5189**

BIRTH NO. **53 5189**

1. NAME OF DECEASED (Type or Print) MARY E. YINGER			2. DATE OF DEATH June 2, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 20-67		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Morgue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 80 yrs			D. STREET ADDRESS (If rural, give location) 56 N. Monastery Avenue		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 2-11-1890	9. AGE (In years last birthday) 63	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Unknown		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME WILLIAM J. GALVIN			14. MOTHER'S MAIDEN NAME SARAH A. LITCH FIELD		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 218-12-7208	17. INFORMANT MRS. ADA KUHN ADDRESS 532 N. PAYSON ST.		

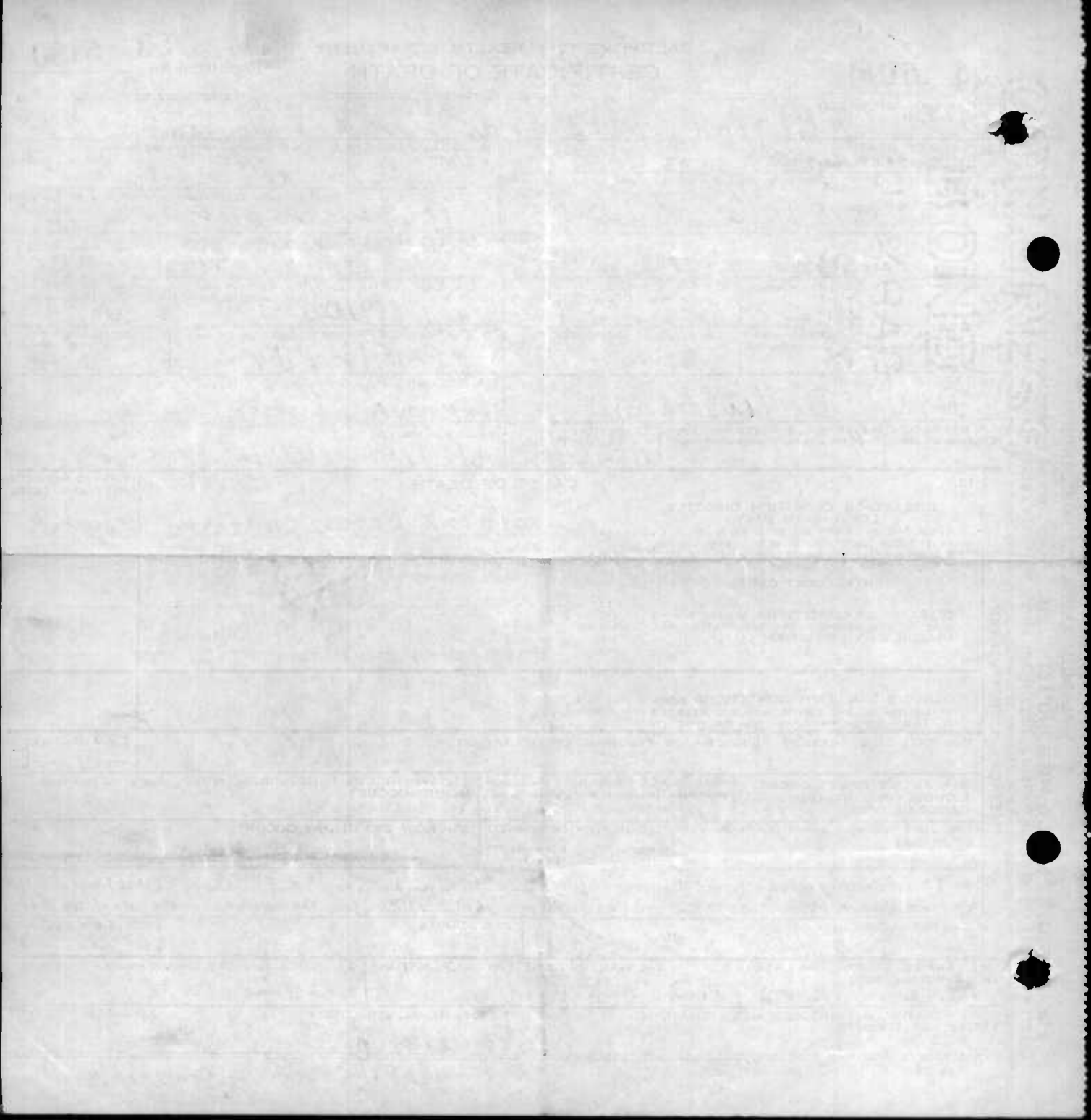
18. 472-1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Intestinal obstruction		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 6-5-53		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William Wood		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED June 2, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-5-53		24C. NAME OF CEMETERY OR CREMATORY LODGE PARK CEM	
24D. LOCATION (City, town, or county) BALTO. MD.		24E. DATE RECEIVED BY LOCAL REGISTRAR JUN 4		24F. REGISTRAR'S SIGNATURE H. J. Schwalb	
24G. FUNERAL DIRECTOR A. Schwalb		24H. ADDRESS 3512 Frederick Ave.		24I. V S 151	



W-252
53 5190
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5190
Registered No.

1. NAME OF DECEASED (Type or Print) Elzina Wiggins			2. DATE OF DEATH June 2, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2510 Huron Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 27 years.			D. STREET ADDRESS (If rural, give location) 2510 Huron Street 307		
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Jan. 6, 1910		9. AGE (In years last birthday) 43
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Norfolk, VA.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME DAVID D. Houston			14. MOTHER'S MAIDEN NAME Leona Peterson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 215-12-0898	17. INFORMANT ADDRESS William Wiggins, SAME.		
18. 171X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma Cervix, metastatic DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH 1 year.
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 10, 1953 , to June 2, 1953 , that I last saw the deceased alive on June 2, 1953 , and that death occurred at 8:50 P. M. , from the causes and on the date stated above.					
23A. SIGNATURE James B. Luck		23B. ADDRESS 429 Swale Ave		23C. DATE SIGNED 6-2-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 7 1953		24C. NAME OF CEMETERY OR CREMATORY Mt Auburn	
24D. LOCATION (City, town, or county) (State) Baltimore		25. FUNERAL DIRECTOR ADDRESS Seagrath & Brown Son 7208A 108W Montgomery St			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5191
Registered No. 53 5191

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edna

Rether

2. DATE
OF
DEATH

June 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

143 S. Robinson St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

143 S. Robinson St.

c. Length of stay in Baltimore

28 yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

4/11/1897

9. AGE (In years
last birthday)

56

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Penna.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

T. Frank Griggs

14. MOTHER'S MAIDEN NAME

? ? ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

? ? ?

17. INFORMANT

ADDRESS

Theodore Rether 143 S. Robinson St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

CORONARY OCCLUSION

3 days

ANTECEDENT CAUSES

DUE TO

(B)

ARTERIO SCLEROSIS

1-3 days

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/22, 1953 to 6/2, 1953 that I last saw the
deceased alive on 6/2, 1953, and that death occurred at 2 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Benjamin Hyltstein

M. D.

23B. ADDRESS

121 S. HIGHLAND AVE.

23C. DATE SIGNED

6/2/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/5/53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem.

24D. LOCATION (City, town, or county)

Baltimore

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

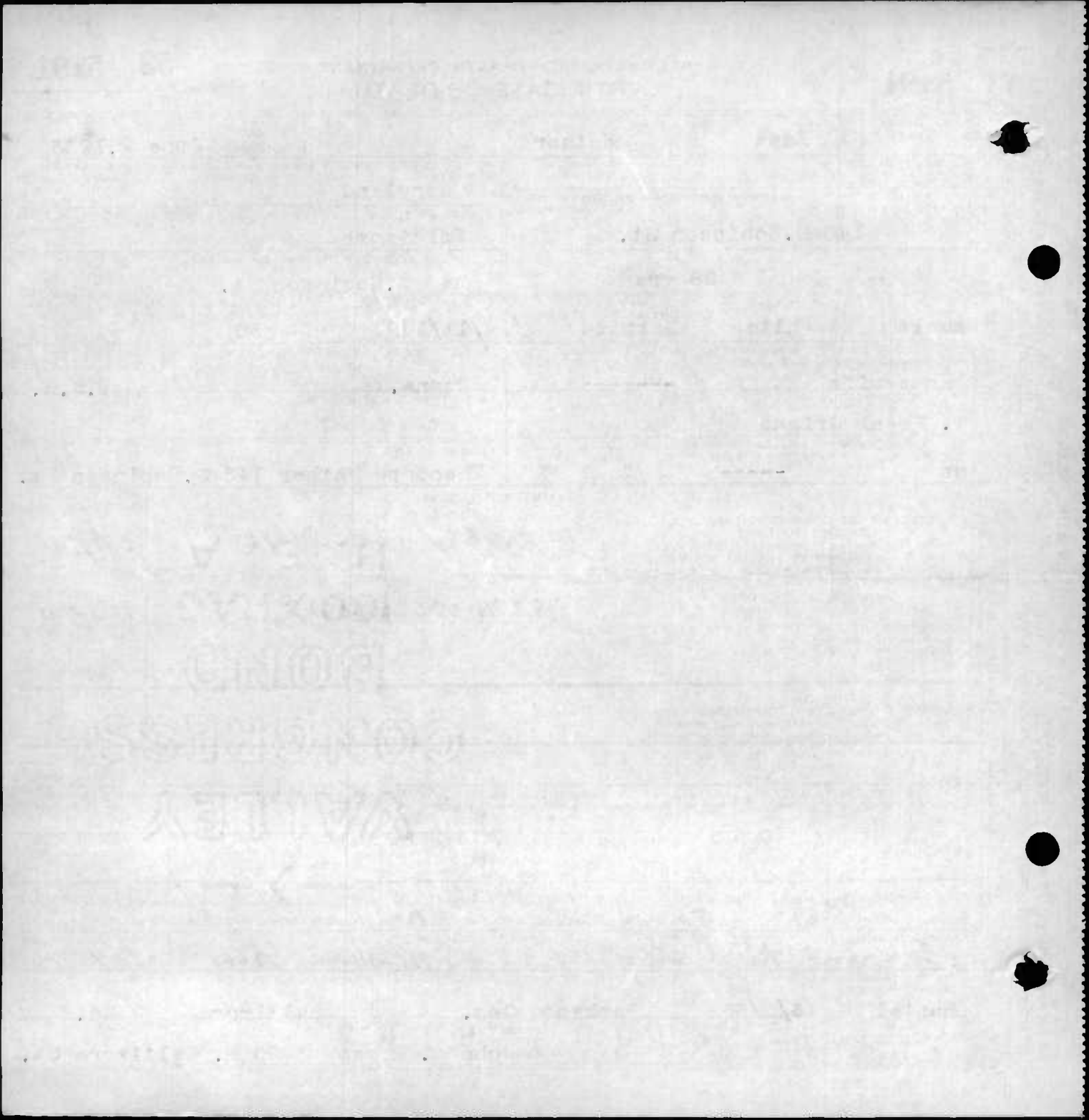
Huntington Williams

25. FUNERAL DIRECTOR

John A. Moran

ADDRESS

3000 E. Baltimore St.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

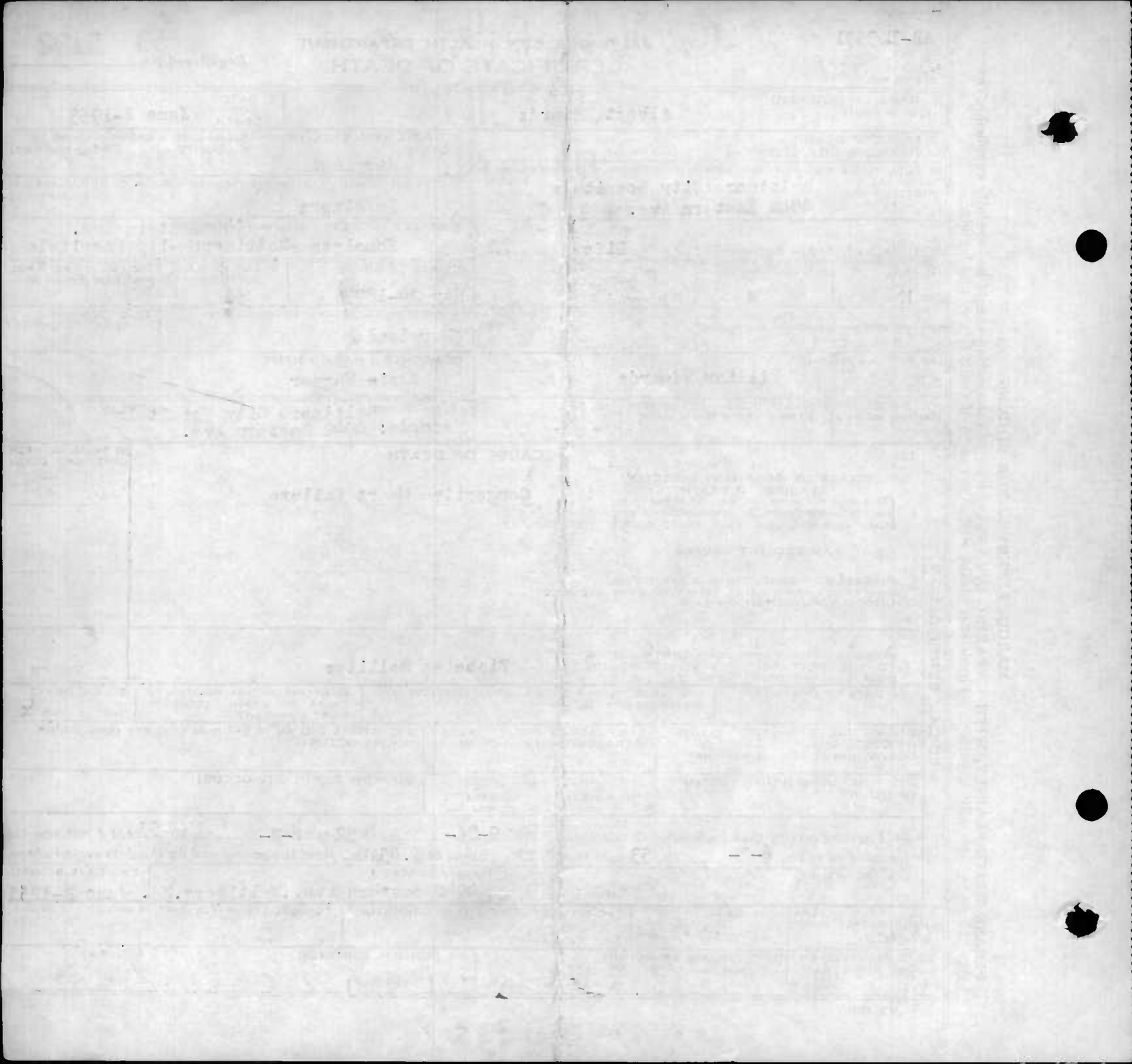
AB-15531 363
53 5192
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5192

1. NAME OF DECEASED (Type or Print) Albert Edwards			2. DATE OF DEATH June 2-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Maryland B. COUNTY 26-1		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			O. STREET ADDRESS, (If rural, location) Homeless -Baltimore City Hospitals		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 24-1898	9. AGE (In years last birthday) 55	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman			10B. KIND OF BUSINESS OR INDUSTRY Ware house		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME William Edwards			14. MOTHER'S MAIDEN NAME Rosie Wagner		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 218-10-6923			16. SOCIAL SECURITY NO. 218-10-6923		
17. INFORMATION FROM BALTIMORE CITY HOSPITALS RECORDS: 4940 Eastern Ave.					

18. 434.1 and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.) Congestive Heart Failure			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Diabetes Mellitus			years		
II OTHER SIGNIFICANT CONITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9-26 , 19 52 to 6-2 , 19 53 , that I last saw the deceased alive on 6-2 , 19 53 , and that death occurred at 5.45AM. , from the causes and on the date stated above.					
23A. SIGNATURE H. J. Jones			23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED June 2-1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 5-1953	24C. NAME OF CEMETERY OR CREMATORY Woodlawn	24D. LOCATION (City, town, or county) (State) Baltimore Md		
DATE RECEIVED BY LOCAL REGISTRAR JUN 4 1953	REGISTRAR'S SIGNATURE William J. Williams, M.D.	25. FUNERAL DIRECTOR St. Louis 814 X 364		ADDRESS	

763-53



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5193

S-315
53 5193

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Pulley Stevens.

2. DATE
OF
DEATH

6/2/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

22-01

C. Length of stay in Baltimore

20

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

19 Pratt Street - W.

5. SEX

Male

6. COLOR OR RACE

Gypsy

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 2, 1915 35

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Coppersmith

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ed. Alton, Ill.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Mr. Dick Stevens

14. MOTHER'S MAIDEN NAME

Ruby Stevens

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

Dick Stevens 194 Pratt Street

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Atherosclerotic Heart
Disease

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1953 to June 2, 1953, that I last saw the
deceased alive on June 2, 1953, and that death occurred at 4:10 a.m., from the causes and on the date stated above.

23A. SIGNATURE

W. L. Conway

23B. ADDRESS

South Baltimore Canal.

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 4, 1953

24C. NAME OF CEMETERY OR CREMATORY

Western Cem.

24D. LOCATION (City, town, or county)

Edmonson Bar.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Halligan, M.D.

25. FUNERAL DIRECTOR

Shas. W. Kachanuk

ADDRESS

202 McHenry St.

VS 150

59132

1912

RECEIVED



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

58 5194

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5194
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Amelia C. Preo

2. DATE
OF
DEATH

June 3, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

5109 Greenhill Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5109 Greenhill Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

March 30, 1887

9. AGE (In years
last birthday)

66

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John L. Hildwein

14. MOTHER'S MAIDEN NAME

Bertha Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Harry L. Preo 5109 Greenhill Avenue

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Artery Disease
Colorectal

1 year

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15th, 1953, to June 5th, 1953, that I last saw the
deceased alive on 6-3, 1953, and that death occurred at 11:11 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 6, 1953

24C. NAME OF CEMETERY OR CREMATORY

Moreland Memorial Park

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 4 1953

Huntington Williams, M.D.

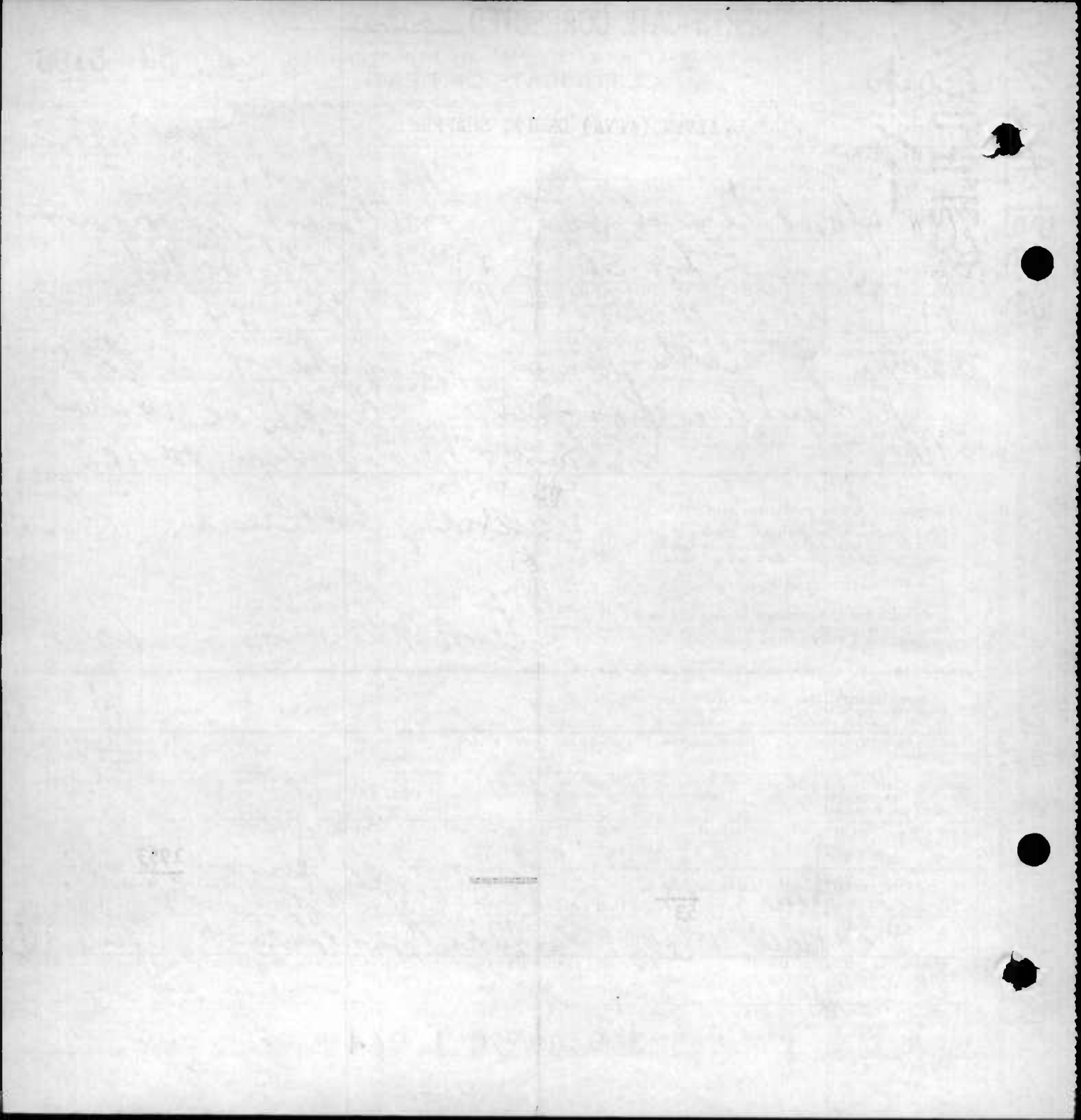
Leonard J. Ruck 5305 Harford Road #14

Dr. Gordy
5106 Harford Road

CERTIFICATE CORRECTED 6-18-53

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5196
Registered No.

BIRTH NO. 53 5196		1. NAME OF DECEASED (Type or Print) ALVIN (ALVA) DEWITT SHAFFER		2. DATE OF DEATH June 3, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		C. CITY OR TOWN Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital		D. STREET ADDRESS (If rural, give location) 3549 Woodmoor Rd 5300		E. CITY OR TOWN Baltimore	
c. Length of stay in Baltimore 48 Hrs. 50 Mins. Days		5. SEX M		6. COLOR OR RACE W	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec 20 1898		9. AGE (In years last birthday) 54	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Toolman		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Richard Frederick Shaffer		14. MOTHER'S MAIDEN NAME Alice Mae Taylor		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	
16. SOCIAL SECURITY NO. 216 610-8837		17. INFORMANT Mrs. Evelyn Jones		ADDRESS	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 8 hrs.	
ANTECEDENT CAUSES (B) Arteriosclerosis		DUE TO (C) 6 yrs.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 3, 1953 to June 3, 1953, that I last saw the deceased alive on June 3, 1953 and that death occurred at 6:37 p.m., from the causes and on the date stated above.					
23A. SIGNATURE J. Edgar T. Lees		23B. ADDRESS Main and General		23C. DATE SIGNED June 3, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 6/6/53		24C. NAME OF CEMETERY OR CREMATORY CHURCH OF GOD	
24D. LOCATION (City, town, or county) CARROLLTON, MD		24E. DATE RECEIVED BY LOCAL REGISTRAR JUN 4 1953		24F. REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR J. Edgar T. Lees		ADDRESS		BALTIMORE, MD	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-452 ✓

53 5197

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 5197 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
RUSSELL F. WILLIAMS		June 2, 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. FULL NAME OF HOSPITAL OR INSTITUTION 5705 Highgate Drive		a. STATE Md.	
c. Length of stay in Baltimore		c. CITY OR TOWN (If outside corporate limits, give rural and give township)	
Yrs. Mos. Days		Baltimore	
5. SEX male		d. STREET ADDRESS (If rural, give location)	
6. COLOR OR RACE white		5705 Highgate Drive	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self Employed		9. AGE (In years, last birthday) 74	
10b. KIND OF BUSINESS OR INDUSTRY Monuments & Tomb Stones		11. BIRTHPLACE (State or foreign country) Pennsylvania	
13. FATHER'S NAME Douglas S. Williams		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		14. MOTHER'S MAIDEN NAME -- Unknown	
16. SOCIAL SECURITY NO. no		17. INFORMANT Mr. Douglas R. Williams-Box 463, Perry Pt Md.	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocarditis		INTERVAL BETWEEN ONSET AND DEATH years	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis		7	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Bronchial Asthma		7	
19a. DATE OF OPERATION 0		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from 1948, 19, to June 2, 1953, that I last saw the deceased alive on June 2, 1953, and that death occurred at 1239 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Samuel A. Miller		23b. ADDRESS 5611 Pikesville Rd. Baltimore, Md.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/5/53	
24c. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.		24d. LOCATION (City, town, or county) (State) Pikesville, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 4 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
VS 150		25. FUNERAL DIRECTOR J. Pickner & Sons 29039 Balto. 17, Md.	

811 .b

1. NAME OF DECEASED
(Print Name)

2. DATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

REGISTERED

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-510		BALTIMORE CITY HEALTH DEPARTMENT		53 5198	
53 5198		CERTIFICATE OF DEATH		Registered No. 53 5198	
BIRTH NO.		THEODORE B. SCHNEPFE		2. DATE OF DEATH June 1, 1953	
1. NAME OF DECEASED (Type or Print)		3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) a. STATE Md. b. COUNTY Baltimore	
8. FULL NAME OF HOSPITAL OR INSTITUTION Edgewood Nursing Home 6000 Bellona Ave.		c. CITY OR TOWN Anneslie		d. STREET ADDRESS (If rural, give location) 527 Overbrook Rd.	
c. Length of stay in Baltimore		5. SEX male		6. COLOR OR RACE white	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Dec. 18, 1885		9. AGE (In years, last birthday) 67	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Calculator (rtd)		10B. KIND OF BUSINESS OR INDUSTRY Race Track		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME John W. Schnepfe		14. MOTHER'S MAIDEN NAME Katherine Schnager		12. CITIZEN OF WHAT COUNTRY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 217-05-2100		17. INFORMANT Mrs. Emma W. Schnepfe Mrs. Emma W. Wehmeyer-527 Overbrook Rd.	
18. 332x and 260x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Cerebral Thrombosis DUE TO ANTECEDENT CAUSES Atherosclerosis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes Mellitus		INTERVAL BETWEEN ONSET AND DEATH 3 ? 2			
19A. DATE OF OPERATION none		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY none		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR? none		22. I hereby certify that I attended the deceased from 25 May, 1953, to June 1, 1953, that I last saw the deceased alive on June 1, 1953, and that death occurred at 4:30 p. m., from the causes and on the date stated above		23A. SIGNATURE Dorothy Stueck	
23B. ADDRESS 712 Park Ave		23C. DATE SIGNED 2 June 1953		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 6/5/53		24C. NAME OF CEMETERY OR CREMATORY Lorraine Cem. Mausoleum		24D. LOCATION (City, town, or county) (State) Woodlawn, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 4 1953		REGISTRAR'S SIGNATURE Huntington Waldman, M.D.		25. FUNERAL DIRECTOR J. J. Sicker & Sons Baltimore, Md.	

[illegible][illegible]

MARGIN RESERVED FOR BINDING

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DEPARTMENT OF HEALTH CITY OF BALTIMORE		CERTIFICATE OF DEATH Registered No. _____	
1. NAME OF DECEASED (Type or Print) _____		2. DATE OF DEATH DATE _____ OF _____	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. Full Name of (If not in hospital or institution, give street address or location) _____		4. USUAL RESIDENCE (Where deceased lived, in institution; residence before admission) A. STATE _____ B. COUNTY _____ C. CITY OR TOWN _____	
5. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		6. STREET ADDRESS (If rural, give location) _____	
7. SEX _____ 8. COLOR OR RACE _____ 9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) _____		10. DATE OF BIRTH _____ 11. AGE (in years, last birthday) _____ 12. BIRTHPLACE (State or foreign country) _____ 13. CITIZEN OF _____	
14. FATHER'S NAME _____ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____		17. MOTHER'S MAIDEN NAME _____ 18. INFORMANT _____ ADDRESS _____	
CAUSE OF DEATH			
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or condition which caused death.) (A) _____ DUE TO _____ (B) _____ (C) _____			
20. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST (A) _____ DUE TO _____ (B) _____ (C) _____			
21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT _____			
22. DATE OF OPERATION _____ 23. WAS PERFORMED _____ 24. CONDITION FOR WHICH OPERATION WAS PERFORMED _____		25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) _____ 26. HOW DID INJURY OCCUR? _____	
27. TIME (Month) (Day) (Year) (Hour) _____ 28. INJURY OCCURRED _____ 29. WHILE AT _____ 30. NOT WHILE AT WORK _____		31. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) _____ 32. WHERE DID IT OCCUR? (If in Baltimore City, give exact location) _____	
33. I hereby certify that I attended the deceased from _____ to _____, that I last saw him _____ and that death occurred at _____ from the causes and on the date stated above. 34. SIGNATURE _____ 35. ADDRESS _____ 36. DATE SIGNED _____			
37. NAME OF CEMETERY OR CREMATORY _____ 38. DATE _____ 39. REMOVAL (Specify) _____		40. FUNERAL DIRECTOR _____ ADDRESS _____	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-320 CCG 170773 53-12018				BALTIMORE CITY HEALTH DEPARTMENT		7/6/53 ES.		53 5199	
1. NAME OF DECEASED (Type or Print)				2. DATE OF DEATH		3. PLACE OF DEATH:			
Matthews, Baby Girl - Bernice				June 1, 1953		A. Baltimore City, Maryland			
B. FULL NAME OF (If not in hospital or institution, give street address or location)				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		D. STREET ADDRESS (If rural, give location)			
Baltimore City Hospitals 4940 Eastern Avenue				Baltimore		747 West Mulberry Street			
C. Length of stay in Baltimore				E. SEX		F. COLOR OR RACE		G. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
life				F		Negro		Single	
H. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				I. BIRTHPLACE (State or foreign country)		J. AGE (In years last birthday)		K. Under 1 Year Months: Days: 1	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				11. BIRTHPLACE (State or foreign country)		9. AGE (In years last birthday)		N.B.	
10B. KIND OF BUSINESS OR INDUSTRY				Maryland		5-31-1953		1	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
David Heckstell				Bernice Matthews		(If yes, give war or dates of service)		B.C.H. 4940 Eastern Ave. (records)	
18. 754.4 I				CAUSE OF DEATH		17. INFORMANT		ADDRESS	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				(A) Congestive Heart Failure		B.C.H. 4940 Eastern Ave. (records)		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES				(B) Cardiac Hypertrophy and Dilatation, Etiology Unknown					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				(C) Congenital heart disease					
II				OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION				19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)				21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-31-1953 to 6-1-1953 that I last saw the deceased alive on 6-1-1953, and that death occurred at 12:30 P.M., from the causes and on the date stated above.									
23A. SIGNATURE				23B. ADDRESS		23C. DATE SIGNED			
H. J. Williams, M.D.				4940 Eastern Avenue		6-1-1953			
24A. BURIAL, CREMATION, REMOVAL (Specify)				24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Cremated				6-3-1953		Baltimore City Hospitals		4940 Eastern Avenue	
DATE RECEIVED BY LOCAL REGISTRAR				REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS	
JUN 4 1953				Huntington Williams, M.D.		197			

See query reply in Document File

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX 53 5200
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr. Grover L. Mills

2. DATE
OF
DEATH

6.3.53

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
Maryland

B. COUNTY

Ferndale Anne Arundel

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore, Maryland

D. STREET ADDRESS (If rural, give location)

8 Hollins Ferry Rd. Ferndale, Maryland

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct. 8, 1892

9. AGE (in years
last birthday)

69 Yrs.

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

West.Va.

12. CITIZEN OF
WHAT COUNTRY?

U S A

13. FATHER'S NAME

William W. Mills

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

932-03-1537

17. INFORMANT

ADDRESS

Hilda Grimes 8 Hollins Ferry Rd.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Cerebral Vascular Accident
DUE TO A.S.C.V.D.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-51, 1953, to 6-3, 1953 that I last saw the
deceased alive on 6-3, 1953 and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

George Stan

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

6-3-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

June 8, 1953

24C. NAME OF CEMETERY OR CREMATORY

Elmwood Cemetery

24D. LOCATION (City, town, or county)

Shepherdstown, Jefferson, W. Va.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Joseph T. Ambrose, Jr. 1328 Sulphur Spring Rd.

JUN 4 1953

c

26-432
53 5201BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHDuplicate
53 5201
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Andrew Ulatoski - Andrew John Ulatoski

2. DATE
OF
DEATH

June 3, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

924 Bonaparte Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

924 Bonaparte Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

5/5/14/

9. AGE (In years last birthday)

39 Yrs

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Mechanic

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Ulatoski

14. MOTHER'S MAIDEN NAME

Lillian Toffel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Alvena Ulatoski 924 Bonaparte Ave.

18. 592x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

1 Hour

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic Interstitial Nephritis

DUE TO

5 yrs

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE 1947, to JUNE 6, 1953, that I last saw the deceased alive on JUNE 6, 1953, and that death occurred at 9 A. m., from the causes and on the date stated above.

23A. SIGNATURE

James J. Kavanagh M.D.

23B. ADDRESS

3014 Mc Eleney St.

23C. DATE SIGNED

6-3-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

John M. Wilber 401 S. Chester St.
55499

1. Name of deceased		2. Sex		3. Age		4. Date of birth		5. Place of birth		6. Date of death		7. Place of death		8. Cause of death		9. Manner of death		10. Signature of physician		11. Signature of registrar		12. Signature of informant	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-621 53 5202		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 5202 Registered No.	
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
BERNICE BERTHA PRZYBYLSKI			June 2, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital			A. STATE Maryland		
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			B. COUNTY		
Baltimore			6-01		
D. STREET ADDRESS (If rural, give location)			115 N. Kenwood Avenue		
c. Length of stay in Baltimore 42 yrs.			Yrs. Mos. Days		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 2, 1909		9. AGE (In years last birthday) 44
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY housewife	11. BIRTHPLACE (State or foreign country) Wheeling, W.Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Jasinski			14. MOTHER'S MAIDEN NAME Antonina Derengowski		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Anthony Przybylski-115 N. Kenwood Ave.		
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Spontaneous cerebral hemorrhage ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Hypertensive cardiovascular disease II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Joseph A. Jackimczyk		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED June 3, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 7/53		24C. NAME OF CEMETERY OR CREMATORY Holy Rosary Cem	
24D. LOCATION (City, town, or county) (State) Balto. County		24E. FUNERAL DIRECTOR John M. Weber		24F. ADDRESS 401 S. Chester	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
VS 151					

1 2 3 4 5 6 7 8 9 10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

(2) 13-500 53 5203		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		X 53 5203 Registered No. _____	
BIRTH NO. _____					
1. NAME OF DECEASED (Type or Print) <i>Mrs. Anna Bowen</i>			2. DATE OF DEATH <i>6-3-1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>ST. Agnes Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 28</i>		
C. Length of stay in Baltimore <i>40</i> Yrs. <i>1</i> Mos. <i>1</i> Days			D. STREET ADDRESS (If rural, give location) <i>449 Whitfield Rd</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>10-23-1890</i>		9. AGE (In years last birthday) <i>62</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>H.W.</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <i>George Wehrs</i>			14. MOTHER'S MAIDEN NAME <i>Doratheia Brandt</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS <i>Robt. J. Bowen, 449 Whitfield Rd</i>		
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>myocardial infarction</i> DUE TO <i>A. C. V. D.</i>			INTERVAL BETWEEN ONSET AND DEATH _____		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>hypophosphatemia</i> DUE TO <i>A. C. V. D.</i> (C) _____			OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <i>11</i> , 19 <i>52</i> to <i>6-3</i> , 19 <i>53</i> that I last saw the deceased alive on <i>6-3</i> , 19 <i>53</i> and that death occurred at <i>2:25 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>George Sten</i>		M. D. <i>St. Agnes Hospital</i>		23C. DATE SIGNED <i>6-3-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>June 5/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Woodlawn Cem.</i>	
24D. LOCATION (City, town, or county) <i>Balto. Md.</i>		24E. (State) _____		25. FUNERAL DIRECTOR ADDRESS <i>Huntington 1413, 4101 Edmondson Ave</i>	
DATE RECEIVED BY LOCAL REGISTRAR _____		REGISTRAR'S SIGNATURE _____		25. FUNERAL DIRECTOR ADDRESS _____	

1982

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

CONFIDENTIAL

MEMORANDUM

TO : DIRECTOR, FBI

FROM : SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 5204
Registered No. _____

BIRTH NO. 53 5204		1. NAME OF DECEASED (Type or Print) ANNA MARY KALISTA		2. DATE OF DEATH Jun 3 2, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland 5414 Gerland Ave.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION		D. STREET ADDRESS (If rural, give location) 5414 Gerland Avenue		Yrs. Mos. Days	
c. Length of stay in Baltimore life		5. SEX female		6. COLOR OR RACE white	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Aug. 21, 1870		9. AGE (In years last birthday) 82	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME Frank Holub		14. MOTHER'S MAIDEN NAME Barbara Killian		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Jos. M. Kalista, Sr., 511 Anneslie Rd.	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO Hypertension C.V.D. DUE TO DUE TO DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH Sudden	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 25, 1953 , to June 2, 1953 , that I last saw the deceased alive on May 30, 1953 , and that death occurred at 12:25 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Lawrence Schuman		23B. ADDRESS 3811 Falls Rd.		23C. DATE SIGNED June 2, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 5, 1953		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	
24D. LOCATION (City, town, or county) (State) Belair Rd., Baltimore, Md.		25. FUNERAL DIRECTOR Schuman's Funeral Home, Inc.		ADDRESS 526013-5 E. Madison St.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE W. J. Williams			

CERTIFICATE OF DEATH

DATE

TIME

PLACE

CAUSE

AGE

SEX

EDUCATION

RELIGION

OCCUPATION

RESIDENCE

CITY

STATE

COUNTY

TOWNSHIP

WITNESSES

DECEASED

CAUSE OF DEATH

DATE

DECEASED'S NAME
AGE
SEX
EDUCATION
RELIGION
OCCUPATION
RESIDENCE
CITY
STATE
COUNTY
TOWNSHIP

DECEASED'S NAME
AGE
SEX
EDUCATION
RELIGION
OCCUPATION
RESIDENCE
CITY
STATE
COUNTY
TOWNSHIP

DECEASED'S NAME
AGE
SEX
EDUCATION
RELIGION
OCCUPATION
RESIDENCE
CITY
STATE
COUNTY
TOWNSHIP

DECEASED'S NAME
AGE
SEX
EDUCATION
RELIGION
OCCUPATION
RESIDENCE
CITY
STATE
COUNTY
TOWNSHIP

DECEASED'S NAME
AGE
SEX
EDUCATION
RELIGION
OCCUPATION
RESIDENCE
CITY
STATE
COUNTY
TOWNSHIP

DECEASED'S NAME
AGE
SEX
EDUCATION
RELIGION
OCCUPATION
RESIDENCE
CITY
STATE
COUNTY
TOWNSHIP

DECEASED'S NAME
AGE
SEX
EDUCATION
RELIGION
OCCUPATION
RESIDENCE
CITY
STATE
COUNTY
TOWNSHIP

53

5205

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5205

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM W. TAYLOR

2. DATE OF DEATH June 4, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1411 Poplar Grove Street

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write full name and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1411 Poplar Grove Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 30, 1900

9. AGE (In years last birthday)

52

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ship's Guard

10B. KIND OF BUSINESS OR INDUSTRY

N. R. Ford & Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Taylor

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO. 212-10-7881

17. INFORMANT

ADDRESS

Mrs. Minnie W. Taylor, 1411 Poplar Grove

18. 463x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Pulmonary Embolus
XXXX
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Thrombophlebitis, right femoral vein
XXXX
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

William H. Cook

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED June 4, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

6/6/53

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

24D. LOCATION (City, town, or county)

Woodlawn,

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Cook

25. FUNERAL DIRECTOR

ADDRESS

5200 Cook, Inc., 1217 St. Paul Street

VS 151

763 55

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

S-536

53 5206

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5206
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH CLEVELAND SANDEBECK

2. DATE
OF
DEATH

June 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 214 N. Chester St.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
214 N. Chester St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

6. DATE OF BIRTH

Feb. 19, 1889

9. AGE (In years,
last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Policeman-retired

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Stephen Sandebeck

14. MOTHER'S MAIDEN NAME

Anna Stecher

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
No.16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Lena Sandebeck 214 N. Chester St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Coronary thrombosis
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arterio-sclerosis
DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1950, to June 2, 1953 that I last saw the
deceased alive on June 1, 1953, and that death occurred at 9P. m., from the causes and on the date stated above.

23. SIGNATURE

Eugene J. Zeller

23B. ADDRESS

M. D. 2739 Eastern Ave.

23C. DATE, SIGNED

6/3/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 5, 1953

24C. NAME OF CEMETERY OR CREMATORY

Moreland Memorial Park

24D. LOCATION (City, town, or county)

Parkville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington E. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Dillich Funeral Home 2008 Orleans St.

100-100

RECEIVED
FEB 10 1964

4 FEB 10 1964

COMPLEX
APPLIED

RECEIVED
FEB 10 1964

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5207

BIRTH NO. 53 5207

1. NAME OF DECEASED
(Type or Print)

Gates, David A.

2. DATE
OF
DEATH

June 3, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD

BALTO.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Sinai Hospital of Baltimore, Inc.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

DUNDALK 22

D. STREET ADDRESS (If rural, give location)

3003 DUNRAN Rd.

c. Length of stay in Baltimore

26

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

1-31-1893

9. AGE (In years
last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

ROCKER

10B. KIND OF BUSINESS OR
INDUSTRY

STEEL MFGR

11. BIRTHPLACE (State or foreign country)

PENNA

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

GEO. GATES

14. MOTHER'S MAIDEN NAME

PRISCILLA WOLFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

NO

16. SOCIAL
SECURITY NO.

NO

213-09-0353

17. INFORMANT

ADDRESS

SAME

1B. 151X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary edema

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Peritonitis, generalized

DUE TO

(C) Esophagoduodenal leak

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

May 20, 1953

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of the stomach

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 24, 1953, to June 3, 1953 that I last saw the deceased alive on June 3, 1953, and that death occurred at 10:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Esteban Laason

M. O.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

June 3, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

6-6-53

24C. NAME OF CEMETERY OR CREMATORY

GRAND VIEW

24D. LOCATION (City, town, or county)

JOHNSTOWN, PA.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

580 3E

75011

RECEIVED
OFFICE OF THE
ATTORNEY GENERAL

1950



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5208

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Bertie Lee Coburn

2. DATE
OF
DEATH

June 3, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Bon Secours Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 22

D. STREET ADDRESS (If rural, give location)

56 Broadship Road

c. Length of stay in Baltimore

24

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

6-29-90

9. AGE (in years
last birthday)

62

11 Under 1 Year
Months: Days11 Under 24 hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Kansas

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Louis Jamison

14. MOTHER'S MAIDEN NAME

James Hedges

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

Mr. John J. Coburn, husband

same

18. 199.9

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Generalized carcinomatosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from FEB 6, 1953 to JUNE 3, 1953 that I last saw the
deceased alive on JUNE 3, 1953 and that death occurred at 1:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

6-6-53

MORELAND

BALTO. MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 4 1953

Huntington Williams, M.D. 5700 Duke Bradley, Dundalk, Md.

CERTIFICATE OF DEATH

Mr. Bertie Lee Smith

1000 1/2 Street

1000 1/2 Street

1000 1/2 Street

1000 1/2 Street

1000 1/2 Street

1000 1/2 Street

1000 1/2 Street

1000 1/2 Street

1000 1/2 Street

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1000 1/2 Street

1000 1/2 Street

1000 1/2 Street

1000 1/2 Street

1000 1/2 Street

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 5209

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5209
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MELVIN

ELLIS

2. DATE
OF
DEATH June 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Balto. City**4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Baltimore City Jail

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

144 Exeter Street

c. Length of stay in Baltimore

3 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

Aug-16-1924

9. AGE (In years
last birthday)

28

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of worklog life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Construction

11. BIRTHPLACE (State or foreign country)

Littleton N.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Ellis

14. MOTHER'S MAIDEN NAME

Julia Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

War #2

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Charles Mitchell 1730 Ashburton

18. E871.7

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Barbiturate intoxication

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Baltimore City Jail

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

801 Buren Street

10/02

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

June 2, 1953

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Ingested overdose of barbiturate

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐

23C. DATE SIGNED

M.D. ASSISTANT MEDICAL EXAMINER ☒

June 2, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

Pine Grove Cem.

24D. LOCATION (City, town, or county)

Macon N.C.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

N971.0

97024

PLANT INDUSTRY

PLANT INDUSTRY

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PLANT INDUSTRY

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PLANT INDUSTRY

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5210
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Helen T. Seddicum

2. DATE
OF
DEATH

June 3, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

a. STATE

b. COUNTY

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Ashburton Nursing Home

3520 Hilton Road

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

3812 Bonner Road

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Apr. 28, 1876

9. AGE (In years last birthday)

77

If Under 1 Year Months Days

If Under 24 hours Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Saleslady

10b. KIND OF BUSINESS OR INDUSTRY

Lit Bros.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Hartzell

14. MOTHER'S MAIDEN NAME

Mary Pheister

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

185-05-6249

17. INFORMANT

ADDRESS

Mrs. Mary K. Smith 3812 Bonner Road

18.

422.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Cardio Vascular Disease

INTERVAL BETWEEN ONSET AND DEATH

1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) DUE TO

Arterio sclerosis

?

(B) DUE TO

General edema

3 weeks

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1953, to June 3, 1953, that I last saw the deceased alive on June 2, 1953, and that death occurred at 11:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE

Helen T. Seddicum

M. O.

23b. ADDRESS

2220 Harrison Blvd

23c. DATE SIGNED

June 4/5-3

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

6-5-1953

24c. NAME OF CEMETERY OR CREMATORY

New Cathedral

24d. LOCATION (City, town, or county)

Baltimore,

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Hill 15-11-53

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong 3207 W. North Ave.

1840

CERTIFICATE OF DEATH

John A. Jones

John A. Jones



1840

John A. Jones

John A. Jones

John A. Jones

John A. Jones

John A. Jones

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frank Hock

2. DATE
OF
DEATH

June 4, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

5605 Benton Heights Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5605 Benton Heights Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Feb. 18 1872

9. AGE (In years
last birthday)

81

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Crown Cork

10B. KIND OF BUSINESS OR
INDUSTRY

& Seal

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Herman J. Hock, 5605 Benton Heights Avenue

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Apoplexy

20 hrs.

ANTECEDENT CAUSES

DUE TO

(B)

Hypertension

10 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

Arteriosclerosis

10 yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-3, 1953, to 6-4, 1953, that I last saw the
deceased alive on 6-4, 1953, and that death occurred at 6 P. m., from the causes and on the date stated above.

23A. SIGNATURE

David Schneider

M. D.

23B. ADDRESS

1101 N. Winton Ave

23C. DATE SIGNED

6-5-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 8, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Leonard J. Ruck

ADDRESS

5305 Harford Road #14

JUN 5 1953
VS 150

Dr. Schneider
1101 N. Milton Avenue
9-10

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 5212BIRTH NO. 53 52121. NAME OF DECEASED
(Type or Print)John George Gephardt, Sr.2. DATE
OF
DEATH6/3/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONUnion Memorial Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore - 11

c. Length of stay in Baltimore

55

D. STREET ADDRESS (If rural, give location)

2152 Druid Park Drive

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 30, 1897

9. AGE (In years

last birthday)

55H Under 1 Year
Months DaysH Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ass't in Stockroom

10B. KIND OF BUSINESS OR INDUSTRY

Color Printing

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA.

13. FATHER'S NAME

George Gephardt.

14. MOTHER'S MAIDEN NAME

Margaret Gagnon15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Myocardial infarction22 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Cardio-vascular disease.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

WHILE AT WORK ☐NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from 5-31, 1953, to 6/3, 1953, that I last saw the deceased alive on 6/3, 1953, and that death occurred at 9:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Alfred J. Ossman, Jr.

M. D.

23B. ADDRESS

2800 E. Chase St. Balto 13

23C. DATE SIGNED

6/3/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BurialJune 6/51Loudon ParkFrederick Rd, Md

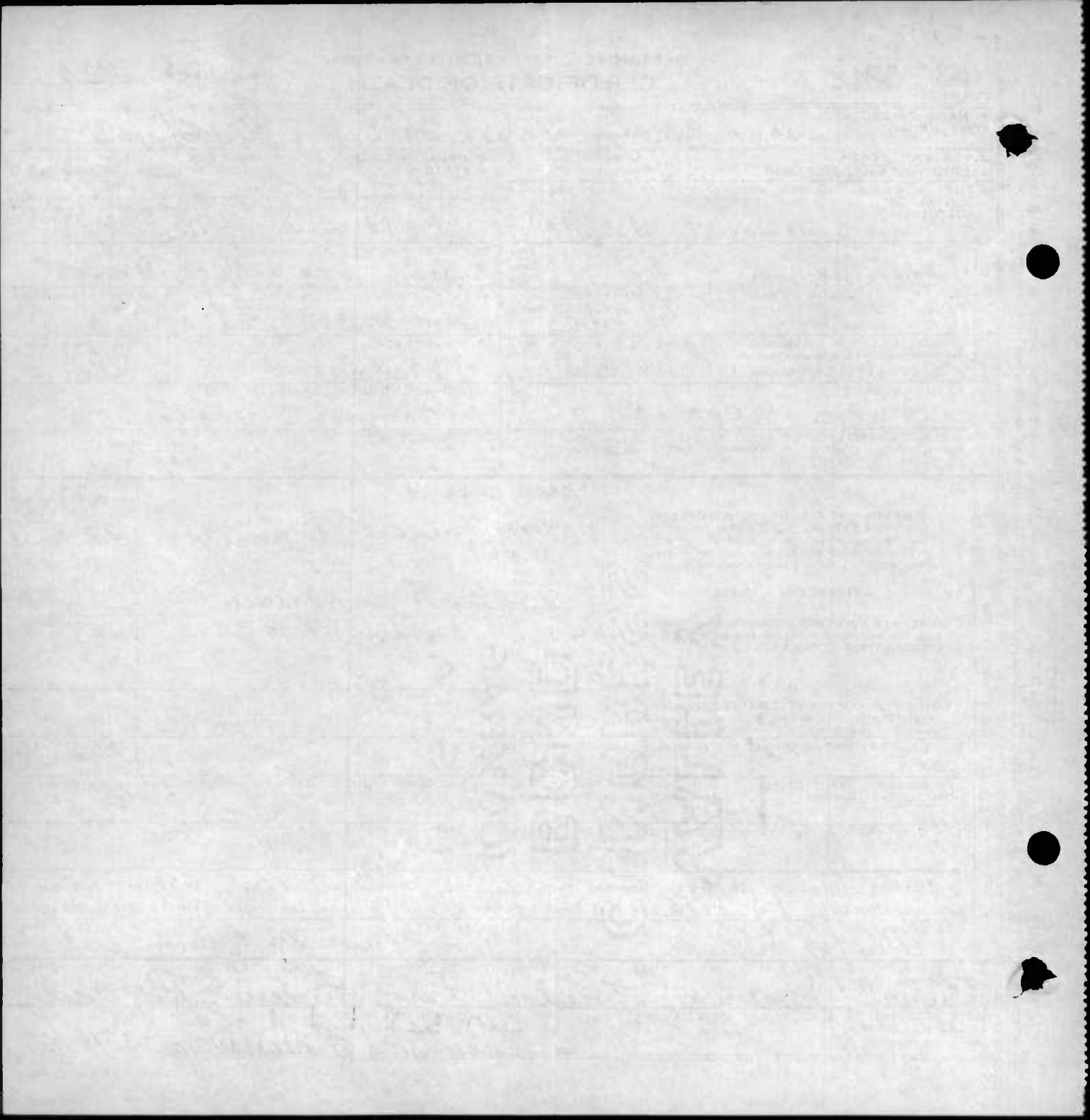
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

June 5 1953Huntington WilliamsJustin E. Sonoran - 3818 Roland Ave



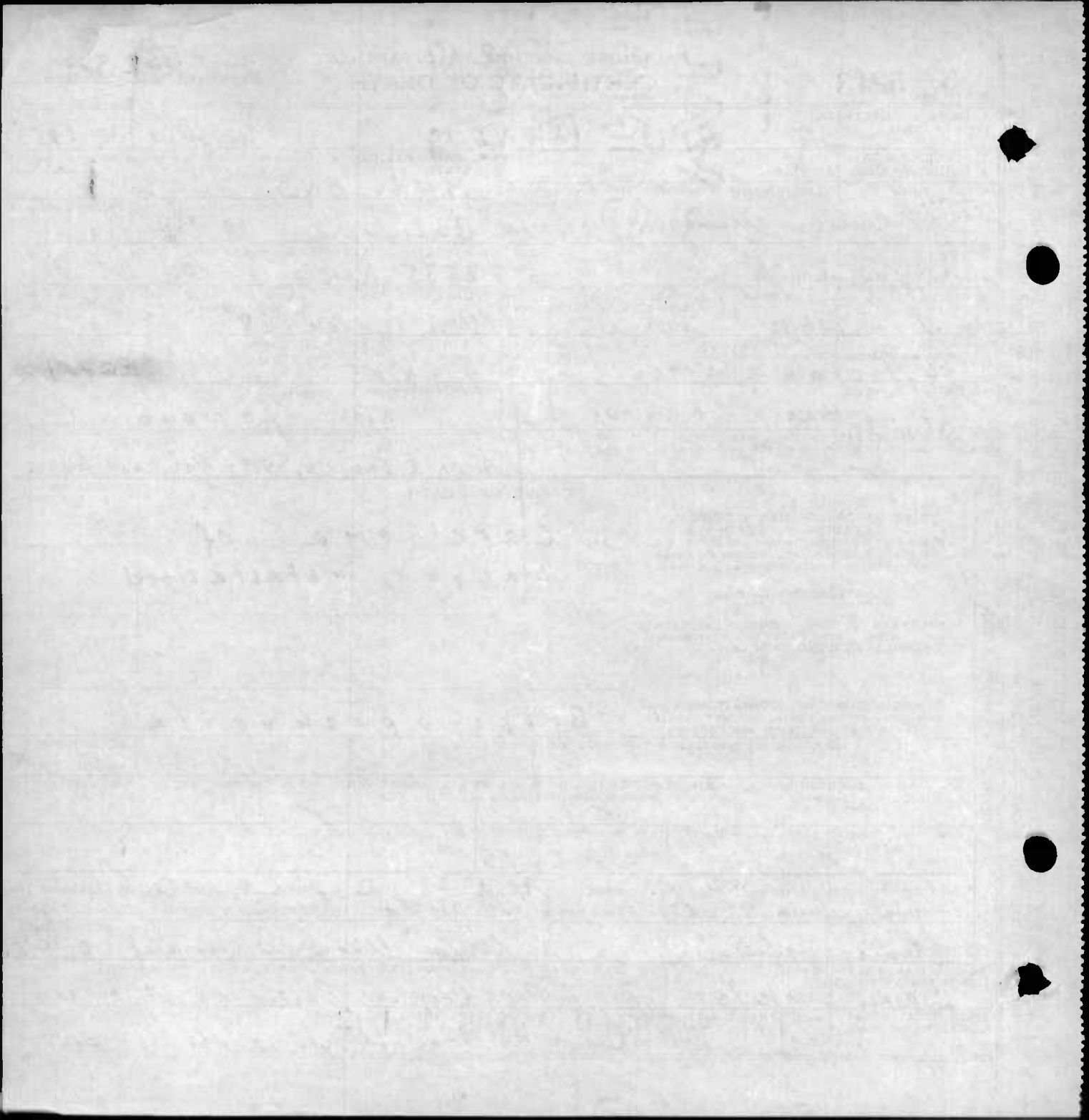
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 5213**

53 5213

BIRTH NO. 53 5213		1. NAME OF DECEASED (Type or Print) DR. RIAD FANOUS		2. DATE OF DEATH June 4, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 44 Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 18 12-01			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3535 Newland Rd. NEWLAND Rd.			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 12, 1884	9. AGE (In years last birthday) 69	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) physician		10B. KIND OF BUSINESS OR INDUSTRY Medicine		11. BIRTHPLACE (State or foreign country) Egypt	
13. FATHER'S NAME John Hanna Fanous (D)		12. CITIZEN OF WHAT COUNTRY EGYPT			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Sitt Yacoub (D)	
17. INFORMANT HILDA I. FANOUS, 3535 Newland Road		ADDRESS			
18. 161X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Carcinoma of larynx, metastasized			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
II		(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Bronchopneumonia.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 23, 1953 to June 4, 1953 that I last saw the deceased alive on June 4, 1953 , and that death occurred at 12:25 am. , from the causes and on the date stated above.					
23A. SIGNATURE Louis Schraufen		23B. ADDRESS Union Memorial Hospital		23C. DATE SIGNED 6-4-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 6/6/53		24C. NAME OF CEMETERY OR CREMATORY LOODON PARK CEMETERY	
24D. LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND		25. FUNERAL DIRECTOR Wm. Cook, Inc., 1217 ST. PAUL STREET			
DATE RECEIVED BY LOCAL REGISTRAR JUN 5 1953		REGISTRAR'S SIGNATURE Huntington Williams			

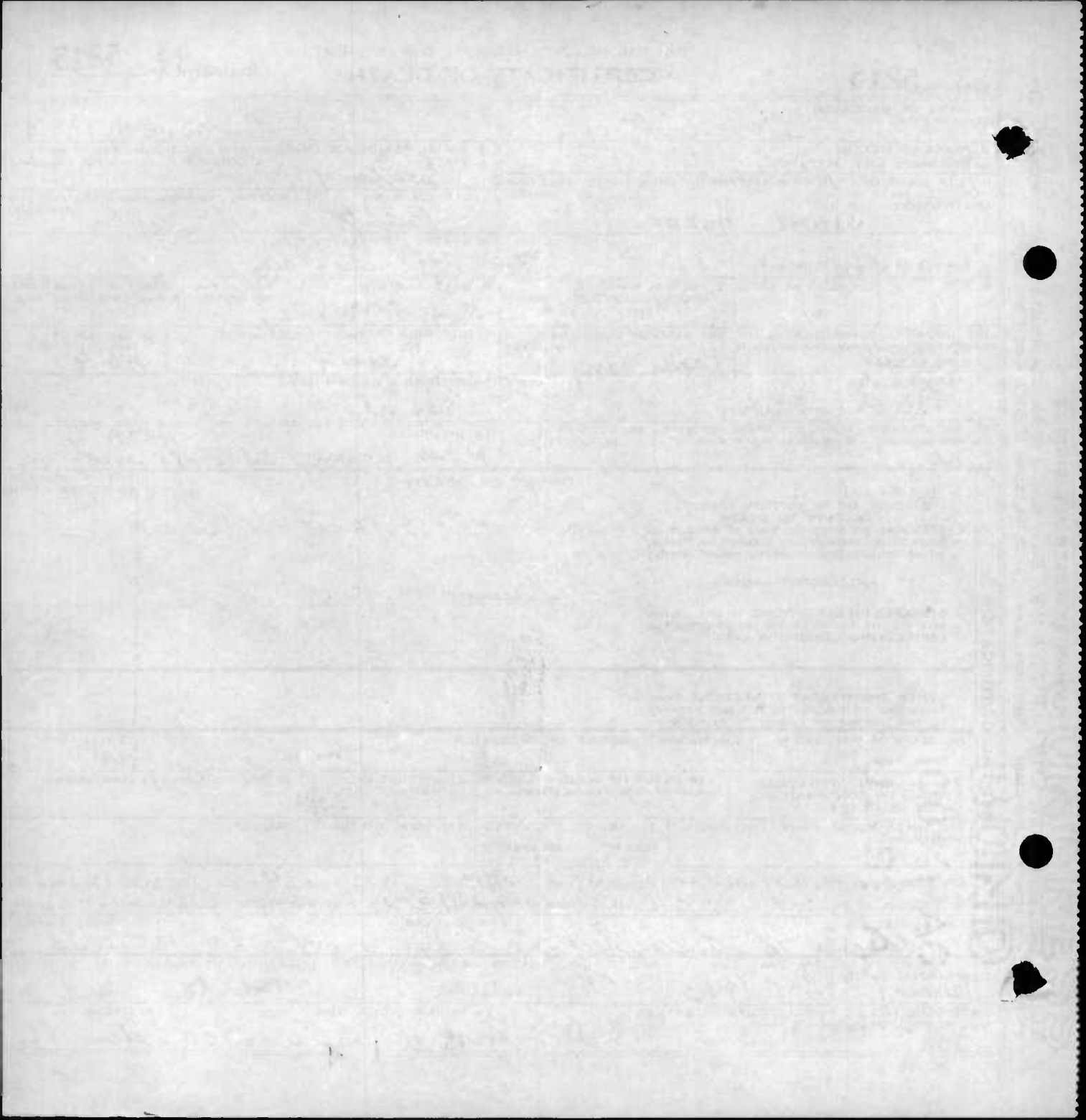


1/19/54
3001
1104
5062

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5215

1. NAME OF DECEASED (Type or Print) Irvin Levin			2. DATE OF DEATH JUNE 4, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
5. FULL NAME OF HOSPITAL OR INSTITUTION Singai Hospt.			C. CITY OR TOWN Balt D. STREET ADDRESS (If rural, give location) 3518 Virginia Ave.		
c. Length of stay in Baltimore 31 Yrs. 15-13 Days			8. DATE OF BIRTH Mar 7, 1905		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	9. AGE (in years last birthday) 48		10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Paper Hanger	11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Berel Levin			14. MOTHER'S MAIDEN NAME Bessie		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Doris Levin - 3518 Virginia Ave		
18. 401.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Rheumatic Heart disease			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Rheumatic fever					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 6/4		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6/4 19 53 to 6/4 19 53 that I last saw the deceased alive on 6/4 19 53 and that death occurred at 11:50 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Stanley M. Silverman M.D.		23B. ADDRESS Sinai Hosp of Md.		23C. DATE SIGNED 6/5/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-5-1953		24C. NAME OF CEMETERY OR CREMATORY Roseade	
24D. LOCATION (City, town, or county) Balt		24E. STATE Md.			
DATE RECEIVED BY LOCAL REGISTRAR JUN 5 1953		REGISTRAR'S SIGNATURE Huntington-Woodward		25. FUNERAL DIRECTOR ADDRESS East Lexington - 2100 Gt. Ave. N.L.	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 5216

Registered No. _____

53 5216

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Price L. Mac</i>			2. DATE OF DEATH <i>6-4-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Provident Hosp.</i>			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE _____ B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto Md 12-07</i>		
c. Length of stay in Baltimore <i>15 yrs</i>			D. STREET ADDRESS (If rural, give location) <i>2101 N Howard St City</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>4-1-1889</i>		9. AGE (In years last birthday) Months: Days <i>64</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Delaware</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>James Henry</i>			14. MOTHER'S MAIDEN NAME <i>Emma ?</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Wm Price</i> ADDRESS <i>7101 N. Howard St</i>		

18. <i>331X</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Cerebral Hemorrhage</i>		
ANTECEDENT CAUSES		(B) <i>Hypertension, essential</i>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>5-30-</i> , 19 <i>53</i> , to <i>6-4-53</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>6-4-</i> , 19 <i>53</i> , and that death occurred at <i>5:30 AM</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>Ignacio T. Garcia</i> M. D.		23B. ADDRESS <i>Provident Hospital</i>		23C. DATE SIGNED <i>6-4-53</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>6-7-53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Delaware City</i>	24D. LOCATION (City, town, or county) (State) <i>Delaware City Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JOHNS</i>	REGISTRAR'S SIGNATURE <i>William Williams</i>	25. FUNERAL DIRECTOR <i>Mr. Francis A. Hensley</i> ADDRESS <i>578 W. Biddle</i>	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5217

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY G. ZEPHIR

2. DATE
OF
DEATH 6/3/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1812 Byrd Street

B. FULL NAME OF
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1812 Byrd Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

10/29/95

9. AGE (in years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Connolly

14. MOTHER'S MAIDEN NAME

Geneva Browning

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same

18. 155X and 260X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) DUE TO

(B) DUE TO

(C) DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

1 month

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Hypertension 1 year

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1953 to June 3, 1953, that I last saw the
deceased alive on 6/2/1953, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dane Muller M.D.

23B. ADDRESS

1225 S Charles ST

23C. DATE SIGNED

6/13/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

B

24B. DATE

6/6/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county) (State)

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

James L. McCully - 130 East Fort Avenue

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

1911

NAME OF DECEASED
AGE
SEX
DATE OF DEATH
PLACE OF DEATH

RESIDENCE
OCCUPATION
CAUSE OF DEATH

DATE OF BIRTH
PLACE OF BIRTH
MARRIAGE

EDUCATION
RELIGION
MANNER OF DEATH

DATE OF INTERMENT
PLACE OF INTERMENT
NAME OF FUNERAL HOME

NAME OF MINISTER
NAME OF CLERGYMAN
NAME OF CHURCH

NAME OF PHYSICIAN
NAME OF NURSE
NAME OF ATTENDING PHYSICIAN

NAME OF SURGEON
NAME OF DENTIST
NAME OF OPTICIAN

NAME OF DRUGGIST
NAME OF PHARMACEUTICAL
NAME OF CHEMIST

NAME OF LABORATORY
NAME OF ANALYST
NAME OF INSPECTOR

NAME OF ASSISTANT
NAME OF CLERK
NAME OF RECEPTIONIST

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5218
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY A KROUT

2. DATE
OF
DEATH

6/4/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2035 Druid Park Drive

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

13-08

D. STREET ADDRESS (If rural, give location)

2035 Druid Park Drive

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Olivia R. KROUT 2035 Druid Park Drive

18.

442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Heart & Kidney
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Heart & Kidney
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1st, 1953, to June 3, 1953, that I last saw the
deceased alive on June 3, 1953, and that death occurred at 1:04 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

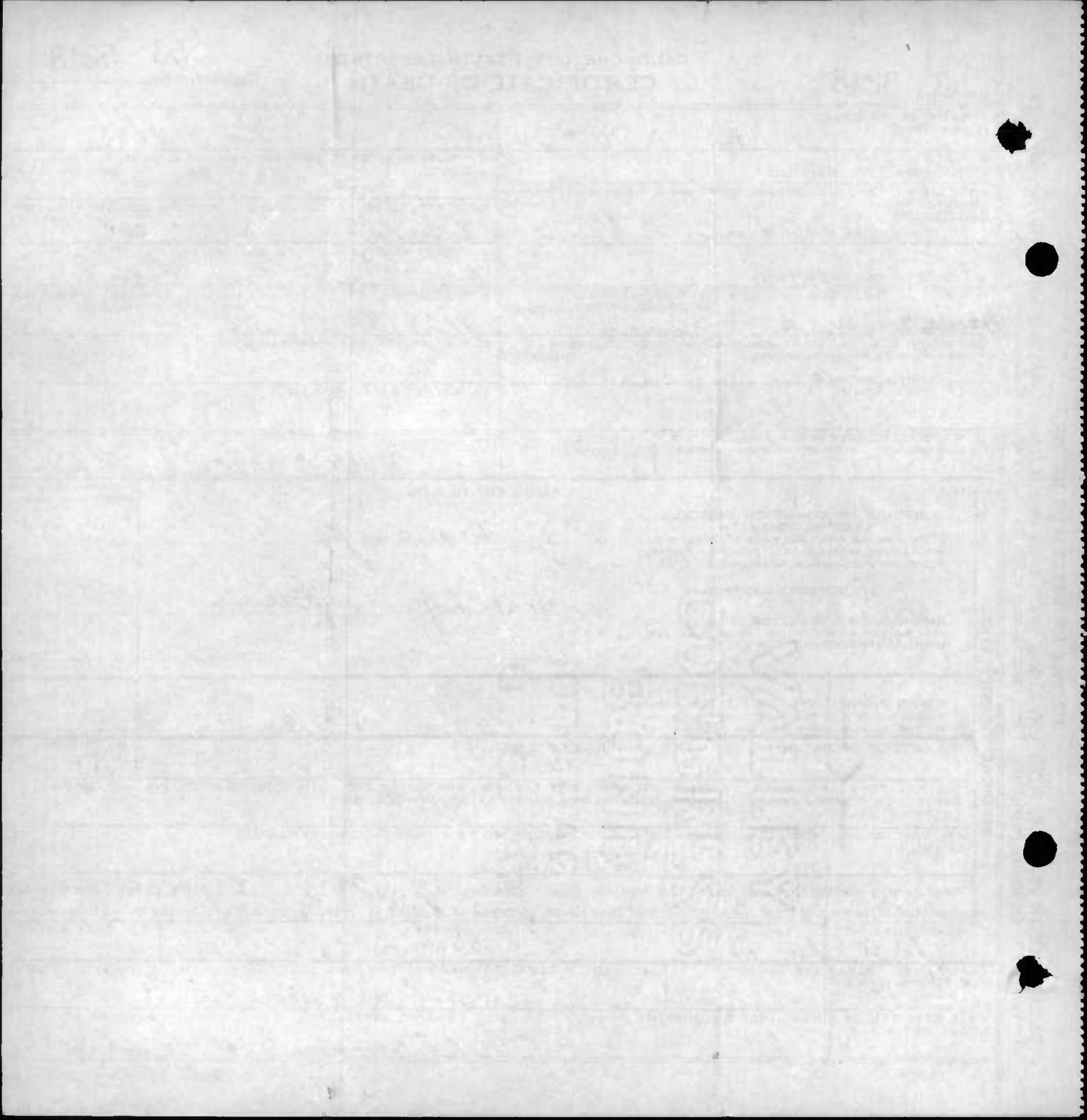
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. <u>53 5219</u>	
BIRTH NO. <u>53 5219</u>					
1. NAME OF DECEASED (Type or Print) <u>MORRIS GREENWALD</u>			2. DATE OF DEATH <u>5-17-53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>27-18</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Baltimore City Morgue</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore <u>64 yrs.</u>			D. STREET ADDRESS (If rural, give location) <u>3614 Belvedere Avenue</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Dec-1885</u>	9. AGE (In years last birthday) <u>67</u>	H Under 1 Year Months: Days: H Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tailor</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Shop</u>	11. BIRTHPLACE (State or foreign country) <u>Russia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>unknown</u>			14. MOTHER'S MAIDEN NAME <u>Sarah?</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>Road</u> <u>Mrs. Anne Williams - 6943 Reisterstown</u>		
18. <u>E929.8</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) <u>DROWNING - FOUND</u> DUE TO <u>Drowned</u> (B) DUE TO (C)		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Harbor</u>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>Foot of Block Street</u> <u>3/02</u>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Found: 5/17/53 11:15 A.m.</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>Found drowned</u>	
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input checked="" type="checkbox"/> .					
23A. SIGNATURE <u>[Signature]</u>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <u>5-17-53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>June 5/53</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Helver Friendship Cemetery Balto. Md.</u>		24D. LOCATION (City, town, or county) (State) <u>Baltimore, Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR <u>ESB! Robinson Bros. North Ave</u>	
VS 151		N990X		5906E	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5220
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NATHAN MILLER

2. DATE OF DEATH
JUNE 5, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Lutheran Hospital
of Maryland Inc.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

4134 NORFOLK AVE

c. Length of stay in Baltimore

63 yrs.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 15, 1876

9. AGE (In years last birthday)

26

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Tailor

11. BIRTHPLACE (State or foreign country)

RUSSIA

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Bernard Miller

14. MOTHER'S MAIDEN NAME

Rebecca

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

M. Maurice Miller - 5821 East Avenue

18. 420.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

COMPLETE HEART BLOCK

8 HOURS

DUE TO ACUTE MYOCARDIAL INFARCTION 11 days

(B) CORONARY THROMBOSIS 11 days

DUE TO Hypertensive Arteriosclerotic Many years

(C) CARDIOVASCULAR DISEASE

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 24, 1953, to JUNE 5, 1953, that I last saw the deceased alive on JUNE 5, 1953, and that death occurred at 12:30 AM from the causes and on the date stated above.

23A. SIGNATURE

William D. Rosson M.D.

23B. ADDRESS

Lutheran Hospital of Md.

23C. DATE SIGNED

JUNE 5, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 7, 1953

24C. NAME OF CEMETERY OR CREMATOR

Progressive Sub Relief

24D. LOCATION (City, town, or county)

Baltimore County, Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 5

REGISTRAR'S SIGNATURE

Burt Huntington Williams, M.D.

25. FUNERAL DIRECTOR

S. J. Brinson - Broz - 1124-26 W.

ADDRESS

North Avenue

June 10, 1950

Walter H. Rife

Dear Mr. Rife:

Thank you for your letter of June 8, 1950.

I am sorry that I cannot

reply to you more quickly.

I am sure that you will

understand my position.

I am sure that you will

understand my position.

I am sure that you will

understand my position.

I am sure that you will

understand my position.

I am sure that you will

understand my position.

I am sure that you will

understand my position.

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understand my position.

I am sure that you will

understand my position.

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understand my position.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5221

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HECHT, LENA

2. DATE
OF
DEATH

6/5/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

SINAI HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO

15-11

D. STREET ADDRESS (If rural, give location)

3706

FERNHILL AVE

c. Length of stay in Baltimore

42 yrs.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 15, 1891

9. AGE (In years last birthday)

61

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Rumania

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Abraham Jacob Berkowitz

14. MOTHER'S MAIDEN NAME

Rose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Bernard Hecht - 3706 Fernhill Ave

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) myocardial infarction
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) HASCVD
DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CVA

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/17, 1953, to 6/5, 1953, that I last saw the deceased alive on 6/5, 1953, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Richard A. Smiller

23B. ADDRESS

714 N. Broadway

23C. DATE SIGNED

6/5/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

J. B. Harrison, Pres - 1124-26 W. North Avenue

F-200

53 5222

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5222
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
			James IRVIN FOOKS -			6-4-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			B. Full Name of Hospital or Institution			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
Balto -			918 S. Potomac St.			A. STATE Md. B. COUNTY 1-01		
C. Length of stay in Baltimore			Life			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
						D. STREET ADDRESS (If rural, give location)		
						Balto - 24 - Md		
						918 S. Potomac St.		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	10. UNDER 1 Year Months: Days	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
M.	W.	Single	11-18-95	57		Baltimore - Md.	U.S.A.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country)		
Painter			Fred. Miller			Baltimore - Md.		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME			12. CITIZEN OF WHAT COUNTRY?		
Pete Fooks -			Katherine Retter			U.S.A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS		
						Mrs. Fred. Miller - 918 S. Potomac St.		
18. 422.2 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
			(A) Acute edema of the lungs			2 days		
ANTECEDENT CAUSES			DUE TO					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) Chronic myocarditis and myocardial degeneration			?		
			(C) Cerebral hemorrhage, followed by hemiplegia, left			2 years		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			Ulcer of stomach			1 year		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?		
January 1952			Ulcerated stomach			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED			21F. HOW DID INJURY OCCUR?		
			WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from May 19, 1951, to June 3, 1953 that I last saw the deceased alive on June 3, 1953, and that death occurred at 2:20 A.M., from the causes and on the date stated above.								
23A. SIGNATURE			23B. ADDRESS			23C. DATE SIGNED		
B. B. Bromskae			M. D. 3037 O'Donnell St.			JUN 4 - 1953		
24A. BURIAL, CREMATION, REMOVAL (Specify)			24B. DATE			24C. NAME OF CEMETERY OR CREMATORY		
Burial			6-6-53			Schwartz -		
24D. LOCATION (City, town, or county) (State)			24E. FUNERAL DIRECTOR			24F. ADDRESS		
Balto - Md.			Schwartz -			Balto - Md.		
DATE RECEIVED BY LOCAL REGISTRAR			REGISTRAR'S SIGNATURE			25. FUNERAL DIRECTOR ADDRESS		
JUN 5 1953			Huntington 543			Schwartz - 403 S. W. 1st St.		
VS 150			56424					

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5223

BIRTH NO. 53 5223

1. NAME OF DECEASED
(Type or Print)

EDWARD B. JEHNERT

2. DATE
OF
DEATH

JUNE 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MD.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTO.

8-05

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2345 HARFORD RD.

LIFETIME

D. STREET ADDRESS (If rural, give location)

2345 HARFORD RD.

c. Length of stay in Baltimore

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED.

8. DATE OF BIRTH

JAN. 17, 1888

9. AGE (In years
last birthday)

65

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RETIRED STEEL ENGINEER

10B. KIND OF BUSINESS OR
INDUSTRY

ICE HOUSE

11. BIRTHPLACE (State or foreign country)

BALTO.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

EDWARD JEHNERT

14. MOTHER'S MAIDEN NAME

MARY BACHMANN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

215-01-2853

17. INFORMANT DAUGHTER

ADDRESS

MRS. ALVA RITTER 8534 OAKLEIGH RD.

1B.

241X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

BRONCHIAL ASTHMA

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

sev. yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

ARTERIOSCLEROTIC HEART DISEASE sev mo

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

DECOMPENSATED.

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1950, to JUNE 2, 1953 that I last saw the
deceased alive on June 1, 1953, and that death occurred at 3:00 P.m., from the causes and on the date stated above.

23A. SIGNATURE

E. B. Jeannot

M. D.

23B. ADDRESS

2431 MARYLAND AVENUE

23C. DATE SIGNED

6-3-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

JUNE 5, 1953

24C. NAME OF CEMETERY OR CREMATORY

PARKWOOD

24D. LOCATION (City, town, or county)

TAYLORAVE

(State)

BALTO MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Walter Cricklin

ADDRESS

2343 HARFORD RD.

24th August 1885

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 5224
Registered No. 53 5224

BIRTH NO. 53 5224

1. NAME OF DECEASED (Type or Print) NELLIE MAY HUTZELL			2. DATE OF DEATH June 4, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE md B. COUNTY Baltimore		
5. FULL NAME OF HOSPITAL OR INSTITUTION Hood Convalescent Home			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Catonsville 5252		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 401 Academy Road		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 19, 1877		9. AGE (In years last birthday) 75 If Under 1 Year: Months 0 Days 0 If Under 24 Hours: Hours 0 Min. 0
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10B. KIND OF BUSINESS OR INDUSTRY at Home	11. BIRTHPLACE (State or foreign country) Baltimore Md		12. CITIZEN OF WHAT COUNTRY? md
13. FATHER'S NAME Franklin W. Rowe			14. MOTHER'S MAIDEN NAME Emma F. Southcomb		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —		16. SOCIAL SECURITY NO. —	17. INFORMANT Paul R. Sandruck ADDRESS 28 Road 401 Academy		

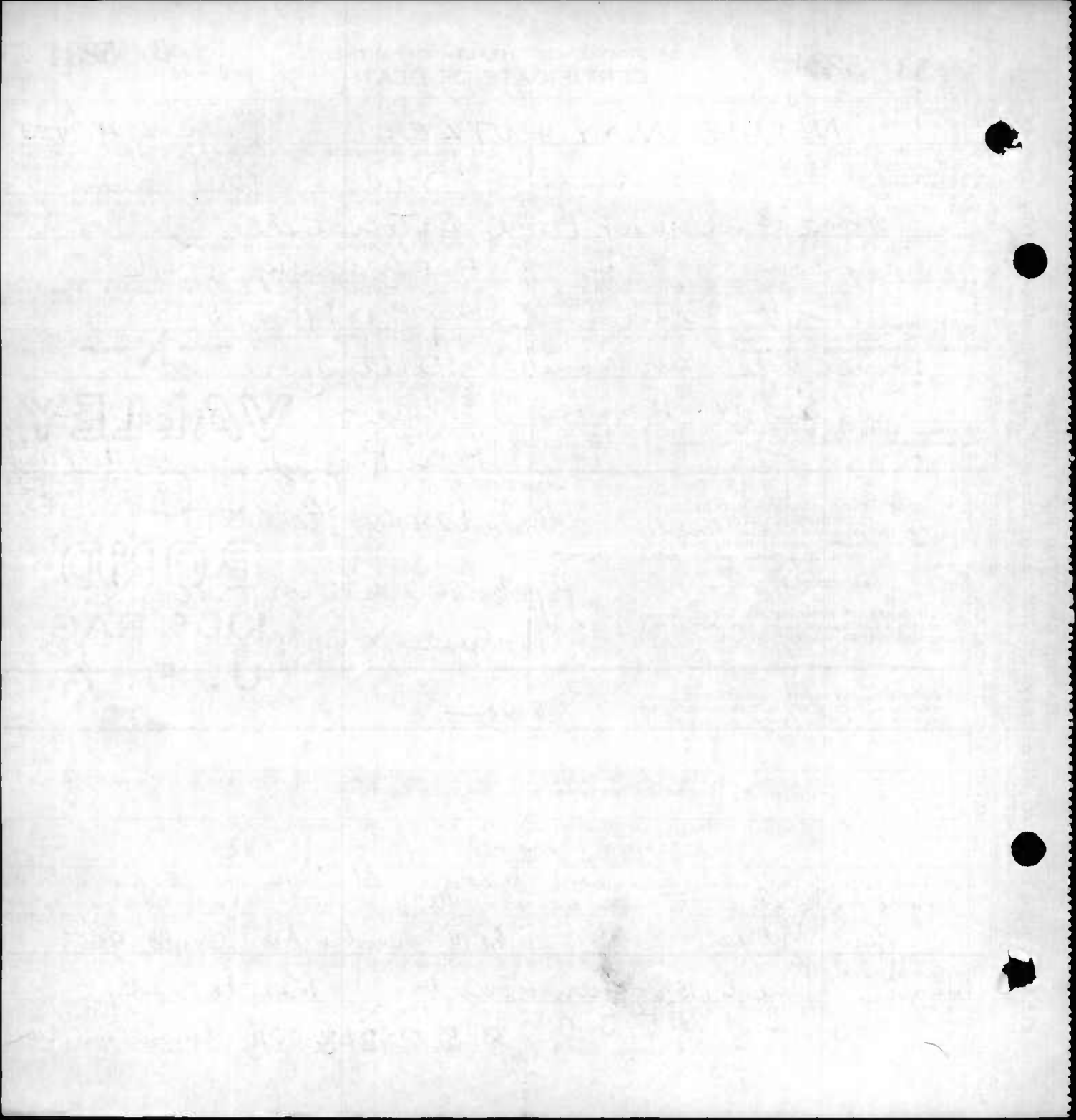
18. 442X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Cerebro Vascular Accident DUE TO (B) Hypertensive Cardio Vascular Disorders DUE TO Residual Hemiplegia (C) —	INTERVAL BETWEEN ONSET AND DEATH 3 days years 2 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arterio		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from January , 1951, to June 4 , 1953, that I last saw the deceased alive on May 31 , 1953, and that death occurred at 12:09 m., from the causes and on the date stated above.					
23A. SIGNATURE James Nolan		23B. ADDRESS 6014 Edmondson Ave Catonsville		23C. DATE SIGNED 6/4/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 6, 1953		24C. NAME OF CEMETERY OR CREMATORY Greenmount	
24D. LOCATION (City, town, or county) (State) Balto City		25. FUNERAL DIRECTOR Huntington W. P. Jones, Jr. ADDRESS 5311 Edmondson Ave			
DATE RECEIVED BY LOCAL REGISTRAR JUN 5 1953		REGISTRAR'S SIGNATURE Huntington W. P. Jones, Jr.			

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The corrected version is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-363
53 5225

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5225

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Cornelius Nelson Stewart		2. DATE OF DEATH June-3-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1620 Milliman Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1620 Milliman Street			
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Sept-19-	9. AGE (in years; last birthday) 62	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Emanuel Sewart		14. MOTHER'S MAIDEN NAME Emma Steppney			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Leroy Kirkland 1620 Milliman St	
1B. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Myocardial Infarct		CAUSE OF DEATH (A) Acute Myocardial Infarct DUE TO (B) Arterio sclerotic Heart disease DUE TO (C) Partial Intestinal Obstruction		INTERVAL BETWEEN ONSET AND DEATH June 3 1953	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May , 1953, to June 3 , 1953, that I last saw the deceased alive on June 2 , 1953, and that death occurred at 12 noon , from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS 1422 E. Chase St		23C. DATE SIGNED 6/3/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/6/1953		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	
24D. LOCATION (City, town, or county) (State) Brooklyn Md.		25. FUNERAL DIRECTOR Huntington Watkins, M. Elroy O. Wilson 1000 Brantley Ave			
DATE RECEIVED BY LOCAL REGISTRAR JUN 5 1953		VS 150 7208A			

1914-1-15

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1914-1-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-162

53 5226

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5226
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Stephen Ciborowski</i>		2. DATE OF DEATH <i>June 3, 1953</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <i>Ind.</i> b. COUNTY		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		d. STREET ADDRESS (If rural, give location) <i>1928 Bank St.</i>			
c. Length of stay in Baltimore <i>33</i>		5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>Sept 8-1892</i>		9. AGE (In years last birthday) <i>60</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Machine Operator</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Anchor Post</i>		11. BIRTHPLACE (State or foreign country) <i>Poland</i>	
13. FATHER'S NAME <i>Alexander Ciborowski</i>		14. MOTHER'S MAIDEN NAME <i>Anna Goski</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>314-01-0710</i>		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>420.1</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) <i>Infarction of Heart</i>		<i>24 hrs</i>	
ANTECEDENT CAUSES		(B) <i>Arteriosclerotic</i>		<i>years</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) <i>Coronary Thrombosis</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>6-3</i> , 19 <i>53</i> , to <i>6-3</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>6-3</i> , 19 <i>53</i> , and that death occurred at <i>11:45 P.</i> from the causes and on the date stated above.			
23A. SIGNATURE <i>David J. Green</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>6-4-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>June 6-1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Stanislaus</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto. City Md.</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 5 1953</i>		25. FUNERAL DIRECTOR <i>Thurston & Williams</i>	
VS 150		69024			

206

VALLEY

REAR

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Registered No. 53 5227

1. NAME OF DECEASED (Type or Print) CLARA V. GRAF		2. DATE OF DEATH JUNE 2:1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Maryland B. COUNTY Baltimore Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 312 South Franklintown Rd.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Maryland	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 312 S. Franklintown Road	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct:13:1872
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE (In years last birthday) 80
13. FATHER'S NAME Phillip Leydecker		11. BIRTHPLACE (State or foreign country) Baltimore Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. None		14. MOTHER'S MAIDEN NAME Julia Genpp	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Pulmonary Edema DUE TO (B) Hypertension Cordis Visceris OR TO (C) Emphysema		17. INFORMANT Frieda Brunschmidt ADDRESS Same	
19A. DATE OF OPERATION June 2, 1953		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED INTERVAL BETWEEN ONSET AND DEATH	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? CAUSE OF DEATH		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY CAUSE OF DEATH		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR? CAUSE OF DEATH		22. I hereby certify that I attended the deceased from Jan 1, 1950 , to Jan 2, 1953 , that I last saw the deceased alive on Jan 2, 1953 , and that death occurred at 4:30 A.M. from the causes and on the date stated above.	
23A. SIGNATURE Robert C. Nitch		23B. ADDRESS 2151-Wellman Ave	
23C. DATE SIGNED Jan 5-53		24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24B. DATE JUNE 5:1953		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore Maryland		DATE RECEIVED BY LOCAL REGISTRAR June 5 1953	
REGISTRAR'S SIGNATURE Huntington Williams		FUNERAL DIRECTOR W. B. Wipperfurth & Son	
ADDRESS 1300 East Ave		ADDRESS 1300 East Ave	

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5228

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

POORE, Mrs. MARY W. K.

2. DATE
OF
DEATH

June 3, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, MD.

4. USUAL RESIDENCE (Where deceased lived. If institution: resident before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF HOSPITAL OR INSTITUTION

HOME for Invalids - 700 W. 40th St.

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

700 W. 40th St

C. Length of stay in Baltimore

Life

5. SEX

FEMALE

WHITE

6. COLOR OR RACE

DIVORCED

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Jan. 1, 1872

9. AGE (in years last birthday)

81

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

NONE

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Samuel Ames Neighbor

14. MOTHER'S MAIDEN NAME

Mary W. White

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MARY ED MURKIN - Home for Invalids

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarction

DUE TO

1 Minute

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardiovascular Dis

DUE TO

20 years

(C) old hemiparesis (Right)

DUE TO

4 years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from June 27, 1949, to June 3, 1953, that I last saw the deceased alive on June 2, 1953, and that death occurred at 12:45 pm., from the causes and on the date stated above.

23A. SIGNATURE

W. Drifton Hersperger

M. D.

23B. ADDRESS

214 Medical Arts Building

23C. DATE SIGNED

June 4, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

June 13, 1953

24C. NAME OF CEMETERY OR CREMATORY

Green Mount

24D. LOCATION (City, town, or county)

Balt., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

H. H. Williams, 4905 York Rd

ADDRESS

252

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 5229**

 BIRTH NO. **53 5229**

 1. NAME OF DECEASED
(Type or Print)

TERESA B. HEACOCK

 2. DATE OF DEATH **June 4, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

 A. STATE **Maryland**

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2117 Callow Avenue

 c. Length of stay in Baltimore **7** Yrs. **Mos.** **Days**

5. SEX

Female

6. COLOR OR RACE

White

 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

8-25-1918

9. AGE (in years last birthday)

34

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Frank Reginaldi

14. MOTHER'S MAIDEN NAME

Venceza Leva

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

 16. SOCIAL SECURITY NO.
218-05-6266

 17. INFORMANT ADDRESS
Charles L. Heacock, Jr., 2117 Callow Ave.

 18. **581.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

 (A) **Hepatic failure**
DUE TO **Laennec's cirrhosis**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary edema

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES ☒ NO ☐

 21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

 22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Ischimbark

 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

 23C. DATE SIGNED **June 5, 1953**

24A. BURIAL, CREMATION, REMOVAL (Specify)

 24B. DATE **6-8-1953**

 24C. NAME OF CEMETERY OR CREMATORY **Mt. Carmel**

 24D. LOCATION (City, town, or county) (State) **Home of Mrs. M. J. Walters**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FRATT & STRICKER

100

STATE OF TEXAS

CERTIFICATE OF DEATH

NAME

AGE

SEX

RACE

DATE OF BIRTH

DATE OF DEATH

PLACE OF BIRTH

PLACE OF DEATH

CAUSE OF DEATH

DIAGNOSIS

DATE OF EXAMINATION

SIGNATURE

DATE

TIME

LOCATION

WITNESSES

DECEASED

TESTIFY

STATE

COUNTY

CITY

ZIP

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 5230**BIRTH NO. **5230**1. NAME OF DECEASED
(Type or Print)**ANDREW C. CHARNAUSKAS**2. DATE
OF
DEATH **June 3, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

MarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)**Baltimore City Morgue**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

914 Hollins Street

c. Length of stay in Baltimore

54 yrsYrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**married**

8. DATE OF BIRTH

Apr. 4, 18809. AGE (In years
last birthday)**73**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Retired**10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Lith.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Adams Charnauskas

14. MOTHER'S MAIDEN NAME

A. Pauloski15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
216-05-0318

17. INFORMANT

ADDRESS

Eve Charnauskas-914 Hollins18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Hypertensive cardiovascular disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
M. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
M.D. MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
June 3, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

June 6-1953

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

3445 Federal Ave BaltDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

ADDRESS

Joseph Casinakes No 430 Howard

055 53

STATE OF NEW YORK
CERTIFICATE OF DEATH

J. ROSS

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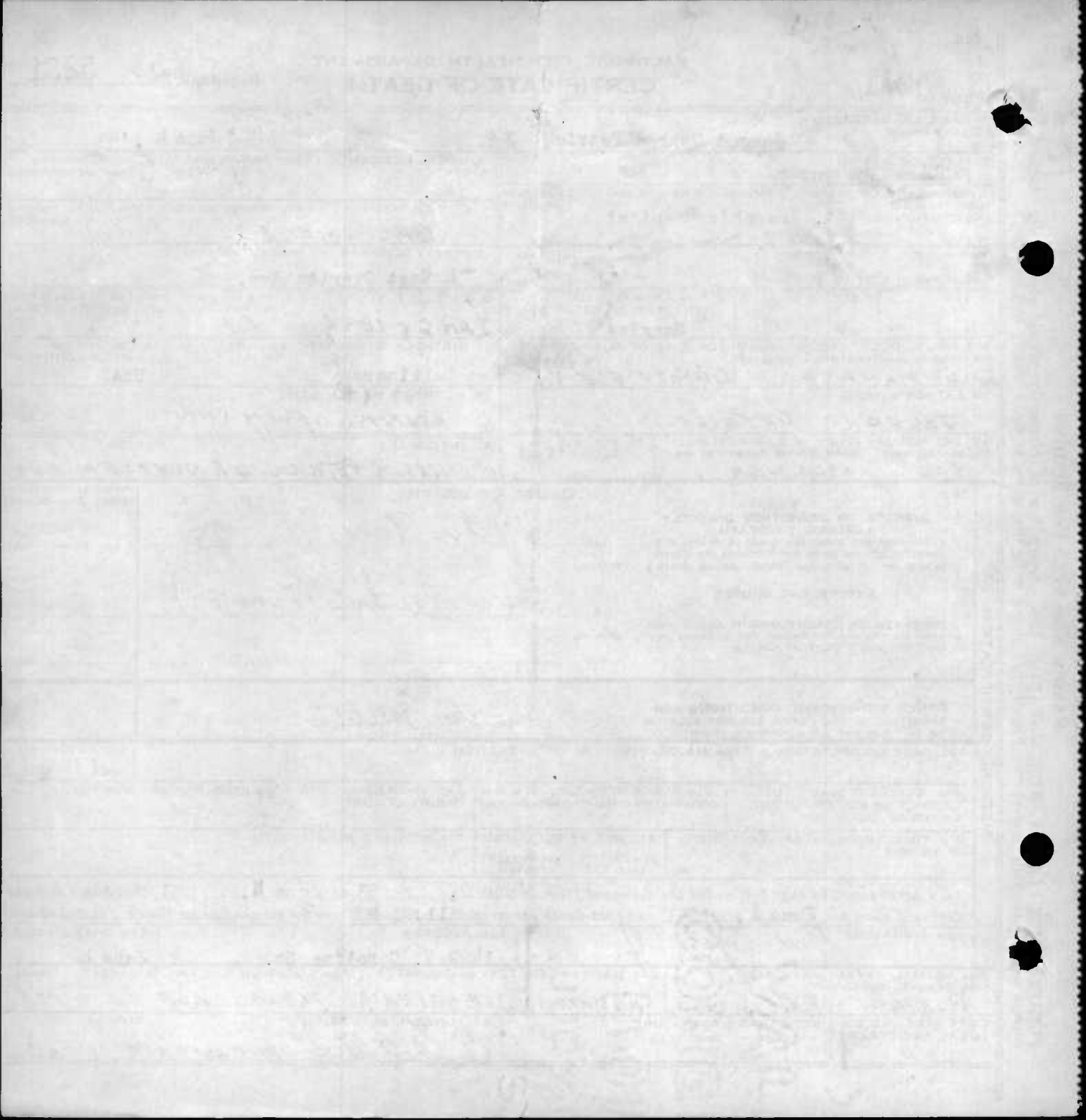
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 5231P-362
53 5231
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Joseph George Petrick JR.			2. DATE OF DEATH June 4, '53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Ma. B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital 1400 N. Caroline St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) 4 East Overlea Ave. #6		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH JAN 28 1896	9. AGE (In years last birthday) 57	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES MANAGER			10B. KIND OF BUSINESS OR INDUSTRY LIBERTY ELECTRIC		
11. BIRTHPLACE (State or foreign country) Baltimore			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME JOSEPH PETRICK			14. MOTHER'S MAIDEN NAME ANNA. NEWMANN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) YES			16. SOCIAL SECURITY NO. WORLD WAR I		
17. INFORMANT FRANCES K PETRICK 4E OVERLEA AVE.			ADDRESS		
18. 581.1 and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) HEPATIC COMA			CAUSE OF DEATH LIVER CIRRHOSIS (Lanne's)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetic Mellitus			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 2, 1953 to June 4, 1953 , that I last saw the deceased alive on June 4, 1953 , and that death occurred at 11:00 PM from the causes and on the date stated above.					
23A. SIGNATURE [Signature]			23B. ADDRESS 1400 N. Caroline St.		23C. DATE SIGNED June 4
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE JUNE 8 1953		24C. NAME OF CEMETERY OR CREMATORY PARKWOOD CEMETERY	
24D. LOCATION (City, town, or county) TAYLOR AVE MD.		25. FUNERAL DIRECTOR [Signature]			
DATE RECEIVED BY LOCAL REGISTRAR JUN 5 1953		REGISTRAR'S SIGNATURE [Signature]			
ADDRESS 7110 BELAIR ROAD.					



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-200
53 5232

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5232

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		Teresa G. Hock		2. DATE OF DEATH		June 3, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				Baltimore, Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland			
B. FULL NAME OF HOSPITAL OR INSTITUTION				4107 Walrad Street		C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore			
C. Length of stay in Baltimore				60 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 4107 Walrad Street			
5. SEX Female		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH		9. AGE (In years last birthday) About 70	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None				10B. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Ilchester, Md.			
13. FATHER'S NAME George A. Hock				14. MOTHER'S MAIDEN NAME Christina Birkmeyer				12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		(If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Anna M. Hock 4107 Walrad Street			
18. 170X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Carcinomatosis (A) DUE TO Carcinoma Breast left (B) DUE TO (C) DUE TO INTERVAL BETWEEN ONSET AND DEATH 15 yrs.						II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 1938 to June 3, 1953, that I last saw the deceased alive on June 3, 1953, and that death occurred at 3:30 p. m., from the causes and on the date stated above.									
23A. SIGNATURE H. H. H. H. H.				23B. ADDRESS 4209 Judan		23C. DATE SIGNED			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/6/53		24C. NAME OF CEMETERY OR CREMATORY New Cathedral		24D. LOCATION (City, town, or county) (State) Baltimore, Md.			
DATE RECEIVED BY LOCAL REGISTRAR JUN 5 1953		REGISTRAR'S SIGNATURE H. H. H. H. H.		25. FUNERAL DIRECTOR W. W. W. W. W.		ADDRESS H. H. H. H. H.			

38 23



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO. 5233		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 5233	
1. NAME OF DECEASED (Type or Print) James Henry Robertson			2. DATE OF DEATH June 3, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 15-01		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1539 N. Gilmer St. zone 17			E. Yrs. Mos. Days		
c. Length of stay in Baltimore 31 yrs.			8. DATE OF BIRTH Sept. 26, 1897		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	9. AGE (In years last birthday) 55	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Virginia			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Jerry Robertson			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS B. C. H. 4940 Eastern Ave. (records)		
18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Tuberculosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 0			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-5- , 19 53 to 6-3 , 19 53 , that I last saw the deceased alive on 6-3 , 19 53 , and that death occurred at 6:45P.m. , from the causes and on the date stated above.					
23A. SIGNATURE H. J. [Signature]			23B. ADDRESS 4940 Eastern Ave., Balto., Md.		23C. DATE SIGNED 6-3-1953
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 6/7/53		24C. NAME OF CEMETERY OR CREMATORY St. Zion	
24D. LOCATION (City, town, or county) (State) Petersburgh Va.		24E. NAME OF CEMETERY OR CREMATORY		24F. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR VS 150		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Charles R. Law, 802 Madison Ave.	

STATE OF TEXAS
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
DEATH CERTIFICATE

County of _____

DATE OF DEATH _____

TIME OF DEATH _____

PLACE OF DEATH _____

CAUSE OF DEATH _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

RESIDENCE _____

EDUCATION _____

OCCUPATION _____

(Signature of Physician)

DATE OF SIGNATURE _____

PLACE OF SIGNATURE _____

NAME OF DECEASED _____

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53

5234

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROBERT CASSON

2. DATE
OF
DEATH

6-3-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Church Home + Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

LIFE (63)

D. STREET ADDRESS (If rural, give location)

Box 432 Middle River

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Sept 20 '89

9. AGE (In years last birthday)

63

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Bar

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

GEORGE CASSON

14. MOTHER'S MAIDEN NAME

SUZANNE HAWKINS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL SECURITY NO.

212-01-1509

17. INFORMANT

SON

ADDRESS

18. 150X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

PNEUMONIA
Caused by Esophagus.

INTERVAL BETWEEN ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) POST OPERATIVE
DUE TO CA of ESOPHAGUS
(C)6 days
1 year

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

5-27-53

19B. MAJOR FINDINGS OF OPERATION

Ca of Esophagus

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1 1953, to 6-3 1953, that I last saw the deceased alive on 6-3 1953, and that death occurred at 1:15 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Carl C. Bellus

M. D.

23B. ADDRESS

Church Home + Hospital

23C. DATE SIGNED

6-3-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6-6-53

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county) (State)

Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington E. Bellus

25. FUNERAL DIRECTOR

Christine W. Brynjarski

ADDRESS

1407 Eastern Ave

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5235

1. NAME OF DECEASED (Type or Print)		FRANCIS G. McCANN		2. DATE OF DEATH June 4, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1337 Mt. Royal Ave.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1337 Mount Royal Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		D. STREET ADDRESS (If rural, give location) 1337 Mount Royal Avenue	
c. Length of stay in Baltimore Lifetime		Yrs. Mos. Days			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Oct 16-1904	9. AGE (In years last birthday) 48	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Worked in Hotel		10B. KIND OF BUSINESS OR INDUSTRY Hotel		11. BIRTHPLACE (State or foreign country) Md	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Thomas A. McCann		14. MOTHER'S MAIDEN NAME Mary J. Deschamps	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 112-8-3221		17. INFORMANT Edward H. Schuler	
18. E 903.6 and 322.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic alcoholism		CAUSE OF DEATH (A) Chronic alcoholism DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Subdural hematoma		(B) Subdural hematoma DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) hotel		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Colonnade Hotel-1337 Mt. Royal Ave.	
21D. TIME (Month) (Day) (Year) (Hour) June 3, 1953		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Apparently fell to floor while drunk	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		23A. SIGNATURE R. F. Fisher		23B. CHIEF MEDICAL EXAMINER M.D. Frederick A. Caswell	
23C. DATE SIGNED June 5, 1953		24. NAME OF CEMETERY OR CREMATORY Greenwood		24B. LOCATION (City, town, or county) (State) Baltimore, Md	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24C. DATE June 6-1953		24D. FUNERAL DIRECTOR Huntington Hill	
DATE RECEIVED BY LOCAL REGISTRAR JUN 5		REGISTRAR'S SIGNATURE Huntington Hill		ADDRESS 1546 Carroll Ave	

STATE OF NEW YORK
CERTIFICATE OF DEATH

1900

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 53 5236

53 5236
BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Willie Lee Williams

2. DATE
OF
DEATH

June 2, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Md* B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

901 W. Lexington St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto.

D. STREET ADDRESS (If rural, give location)

901 W. Lexington St.

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

March 9, 1877

9. AGE (In years last birthday)

76

10 Under 1 Year Months Days

11 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Post Office

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Harry Williams

14. MOTHER'S MAIDEN NAME

Saliss ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
David Woodyard 901 W. Lex. St.

18. *442X I*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Concussive Heart Failure*

6 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Hypertensive Cardio-Vascular-Renal Disease*

?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *4/15*, 1953, to *6/2*, 1953, that I last saw the deceased alive on *6/1*, 1953, and that death occurred at *3:00 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

J. P. Hunt

23B. ADDRESS

601 N. Chenoweth

23C. DATE SIGNED

6/4/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/6/53

24C. NAME OF CEMETERY OR CREMATORY

W. Iron Am. Lonsdale Md.

24D. LOCATION (City, town, or county) (State)

Lonsdale Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 5 1953

REGISTRAR'S SIGNATURE

Thurston

25. FUNERAL DIRECTOR

Wm. Kate R. Williams

ADDRESS

3224

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

RECEIVED
JUN 11 1964

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

TO : DIRECTOR, FBI (100-371097)
FROM : SAC, NEW YORK (100-100000)
SUBJECT: [Illegible]
RE: [Illegible]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5237

BIRTH NO. 53 5237

1. NAME OF DECEASED
(Type or Print)

Gora E. Rhodrick

2. DATE
OF
DEATHJune 5th 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Ashburton Nursing Home location) INSTITUTION

3520 Hilton Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3032 Oakford Ave.,

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Mar. 17, 1877 ?

9. AGE (In years last birthday)

76

H Under 1 Year

Months: Days

H Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

File Clerk

10B. KIND OF BUSINESS OR INDUSTRY

B. & O.R.R.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Augustus A. Rhodrick

14. MOTHER'S MAIDEN NAME

Mary F. Ramsay

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Louis W. Rhodrick 2003 South Rd.

18. 421.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Chr. Mitral Endocarditis

Known

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Acromegaly
(Face + Hands)

Unknown

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from April 1953 to June 5, 1953 that I last saw the deceased alive on May 30, 1953, and that death occurred at 11:15 Am, from the causes and on the date stated above.

23A. SIGNATURE

E. A. Eason

M. D.

23B. ADDRESS

7301 York Rd

23C. DATE SIGNED

6-5-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6-6-1953

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore,

Md.

DATE RECEIVED BY LOCAL REGISTRAR

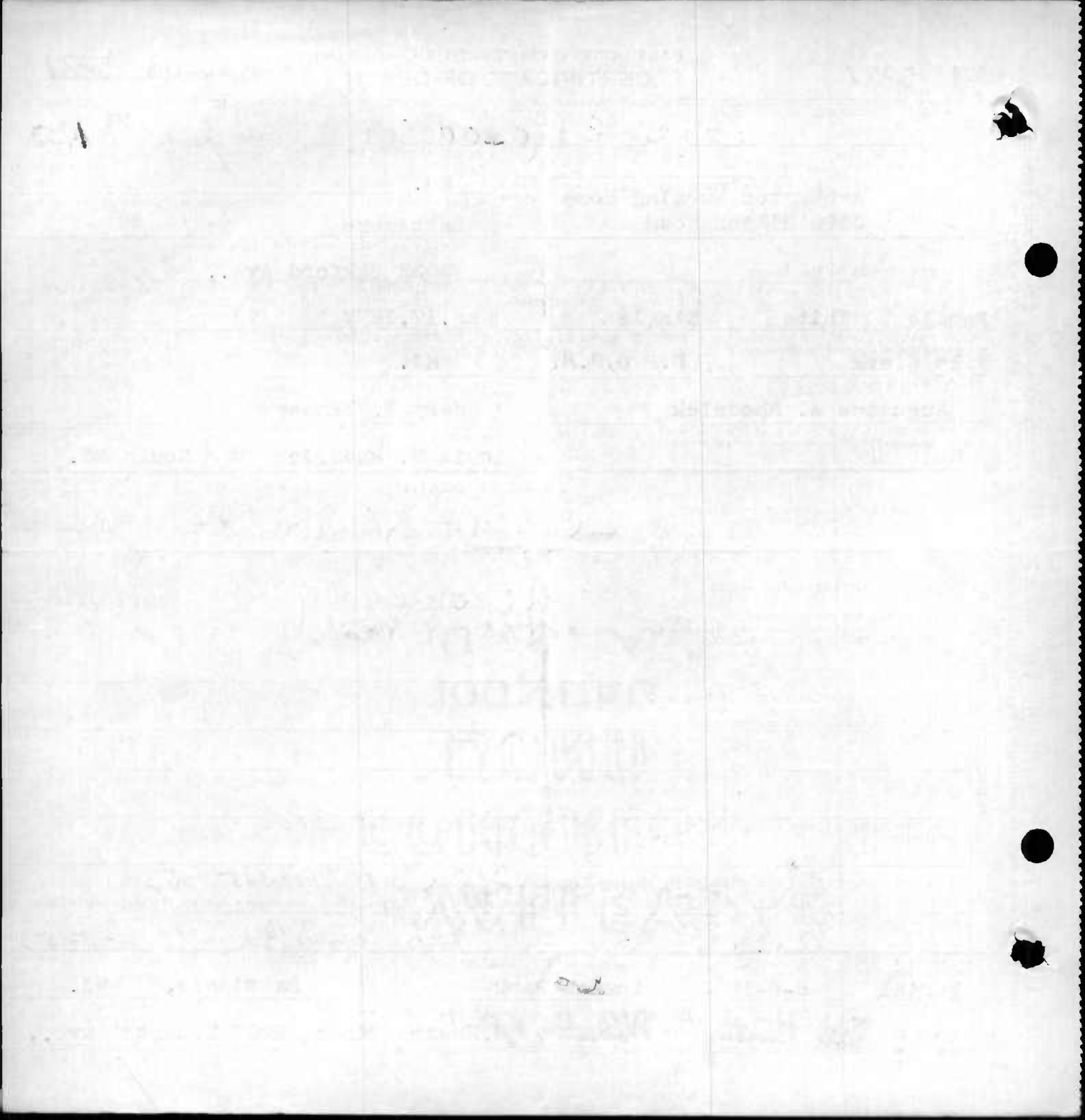
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Howard Strong 3207 W. North Ave.,



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

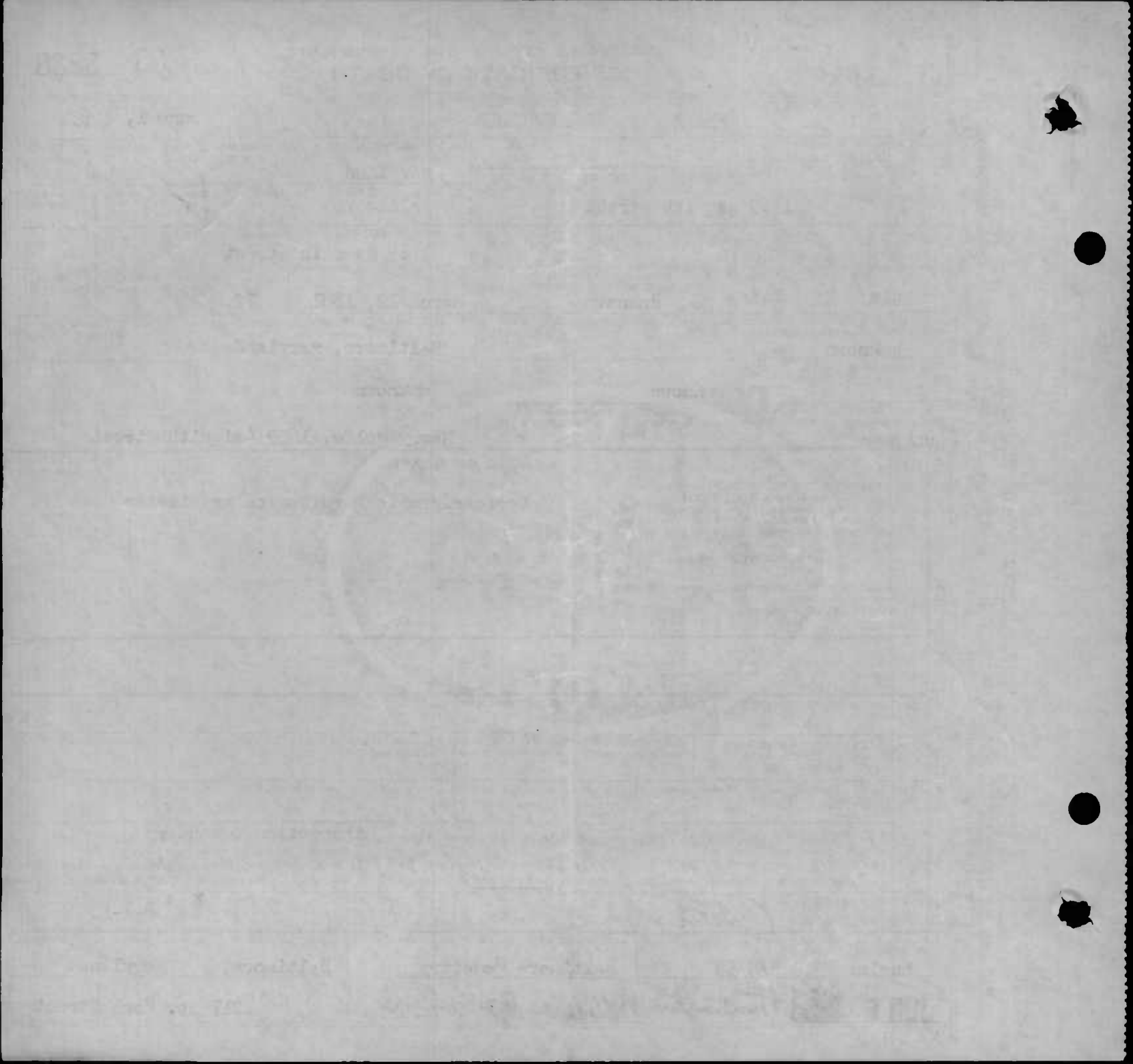
M-254

53 5238

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5238

1. NAME OF DECEASED (Type or Print)		FRANK MOSMILLER		2. DATE OF DEATH June 1, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
5. FULL NAME OF HOSPITAL OR INSTITUTION 1619 Asquith Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1619 Asquith Street			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) unknown		8. DATE OF BIRTH March 12, 1881	9. AGE (In years last birthday) 72
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
13. FATHER'S NAME unknown		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME unknown	
17. INFORMANT Harry Wolfe, 1609 Asquith Street		ADDRESS			
18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER... <input type="checkbox"/> MEDICAL INVESTIGATOR... <input type="checkbox"/>		23C. DATE SIGNED 6-1-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 6/6/53		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR 1217 St. Paul Street			
DATE RECEIVED BY LOCAL REGISTRAR JUN 6 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-420
53 5239

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 5239
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		George A. Welsh, Sr.		2. DATE OF DEATH June 5, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 1935 E. 31st Street				C. CITY OR TOWN (If outside corporate limits, write full name, and give township) Baltimore			
c. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) 1935 E. 31st Street			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH February 12, 1893		9. AGE (In years last birthday) 60	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operation-Sub Station		10B. KIND OF BUSINESS OR INDUSTRY Baltimore Transit Co.		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Alexander Welsh				14. MOTHER'S MAIDEN NAME Mary England			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes		16. SOCIAL SECURITY NO. W. W. I		17. INFORMANT ADDRESS M. Pearl Welsh, 1935 East 31st Street			
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				CAUSE OF DEATH Hypertension Chronic Myocarditis			
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6/2, 19, to 6/5, 19, that I last saw the deceased alive on 6/3, 19, and that death occurred at m., from the causes and on the date stated above.							
23A. SIGNATURE Joseph J. [Signature]				23B. ADDRESS		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 6/8/53		24C. NAME OF CEMETERY Moreland Memorial Park		24D. LOCATION (City, town, or county) (State) Parkville, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR JUN 6 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Ann Gough, Inc.		ADDRESS 1217 St. Paul Street	

69051

June 2, 1953

George A. Smith, Jr.

England

England

1953 - 1954

1953 - 1954

February 12, 1953

London

London

London

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London, England, 1953 and 1954

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1954

1953 and 1954

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 5240
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Joseph F. Phaller</i>		2. DATE OF DEATH <i>June 5/53</i>	
3. PLACE OF DEATH a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE _____ b. COUNTY _____	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>3318 Noble St</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>Life</i>		d. STREET ADDRESS (If rural, give location) <i>3318 Noble St.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Nov 7/1879</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Machinist Helper</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Steel</i>	9. AGE (In years last birthday) Months Days <i>73</i>
11. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Phaller</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO. <i>213-07-3352</i>	17. INFORMANT <i>John C. Phaller</i>	ADDRESS <i>815 M. Bradford St.</i>
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18. <i>154X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Adeno carcinoma of Rectum</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 months</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>Jan 4</i> , 19 <i>53</i> to <i>June 5</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>June 3, 1953</i> , and that death occurred at <i>3:30 A.M.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>Joseph Pokorny</i>	M. D.	23B. ADDRESS <i>2200 E Madison St</i>	23C. DATE SIGNED <i>6/5/53</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>6/8/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 8 1953</i>	REGISTRAR'S SIGNATURE <i>Thurston Williams</i>	25. FUNERAL DIRECTOR <i>Philip H. Hurry</i>	ADDRESS <i>2024 Orleans St</i>

VS 150

5443A

31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

Pokorny

DEPARTMENT OF HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Name of Deceased		Date of Birth		Sex	
Place of Birth		Date of Death		Time of Death	
Cause of Death		Place of Death		Manner of Death	
Physician's Signature		Physician's Name		Physician's Address	
Physician's License No.		Physician's State		Physician's City	
Physician's Zip		Physician's Phone		Physician's Fax	
Physician's Email		Physician's Website		Physician's Social Media	
Physician's Signature		Physician's Name		Physician's Address	
Physician's License No.		Physician's State		Physician's City	
Physician's Zip		Physician's Phone		Physician's Fax	
Physician's Email		Physician's Website		Physician's Social Media	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct address is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

R-200
53 5241

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 5241
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Rose Russy</i>		2. DATE OF DEATH <i>June 5/53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>719 N. Patt. Pk. Ave</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE _____ B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>(u)</i>		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Baltimore 7-03</i>	
C. Length of stay in Baltimore <i>55 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>719 N. Patterson Park Ave</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>MAR 25/1883</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>70</i> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME <i>Sedlacek</i>		14. MOTHER'S MAIDEN NAME <i>unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT <i>Josephine Petr Patterson</i>		ADDRESS <i>917 N. Patterson Pk Ave</i>	

18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO <i>Uremia - Chronic Nephritis -</i>	CAUSE OF DEATH <i>Cardio-Vascular-Renal System -</i>	INTERVAL BETWEEN ONSET AND DEATH <i>June 4/53</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO <i>arterio-sclerosis -</i>		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Parkinsonian tremor

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan 1</i> , 19 <i>53</i> , to <i>June 5</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>7 June 4</i> , 19 <i>53</i> and that death occurred at <i>1:55 A.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Guise J. Kremerin</i>		23B. ADDRESS <i>722 No. Kenwood Ave</i>		23C. DATE SIGNED <i>June 5/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>6/8/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Oak Hill</i>	
24D. LOCATION (City, town, or county) <i>Baltimore</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 6 1953</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
24G. FUNERAL DIRECTOR <i>Philip Herwig Sons</i>		24H. ADDRESS <i>Orleans St</i>		24I. DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 6 1953</i>	

VS 150

31

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 5242**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**BRUCE R. DRISCOLL**2. DATE
OF
DEATH **June 4, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland 138 N. Castle St.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE **Maryland**

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

138 N. Castle St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Widowed**

8. DATE OF BIRTH

August 5, 18749. AGE (In years;
last birthday)**78**If Under 1 Year
Months: DaysIf Under 24 hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**At home**10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Dewitt Clinton Tipton

14. MOTHER'S MAIDEN NAME

?15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**No**16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

John F. Driscoll 411 N. Washington St18. **560.4**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June - 1947** to **May 20, 1953**, that I last saw the
deceased alive on **May 20, 1953**, and that death occurred at **2:45 p.m.** from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

June 8, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore, Md.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 6 1953**Huntington Williams, M.D.****Polish Funeral Home 2008 Orleans St.**

UNCLASSIFIED INFORMATION
PAGE 50 OF 50

AVAIL

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

17013256
53-15243

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5243

1. NAME OF DECEASED (Type or Print) Conrad Hofmeier			2. DATE OF DEATH 6-5-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 2757 Chesterfield Ave. zone 13			E. LENGTH OF STAY IN BALTIMORE Life		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 21-1886	9. AGE (In years last birthday) 67	10. UNDER 1 Year Months Days 11. UNDER 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Furniture salesman-ret.			10B. KIND OF BUSINESS OR INDUSTRY Furniture		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? (D)		
13. FATHER'S NAME John Hofmeier			14. MOTHER'S MAIDEN NAME (D)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No.			16. SOCIAL SECURITY NO.		
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.			18. CAUSE OF DEATH		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) DUE TO (B) DUE TO (C) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 6-5-1953	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-4-1953 , to 6-5-1953 , that I last saw the deceased alive on 6-5-1953 , and that death occurred at 9 A m., from the causes and on the date stated above.			
23A. SIGNATURE H. J. [Signature]		23B. ADDRESS 4940 Eastern Ave. Baltimore, Md.	23C. DATE SIGNED June 5-1953

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 8, 1953	24C. NAME OF CEMETERY OR CREMATORY Parkwood	24D. LOCATION (City, town, or county) (State) Parkville, Md.
DATE RECEIVED BY LOCAL REGISTRAR JUN 6 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Ullrich Funeral Home 2008 Orleans	ADDRESS 4906G

STATE OF TEXAS
COUNTY OF DALLAS

Know all men by these presents, that

John Doe

of the County of Dallas

State of Texas

do hereby certify that

the within and foregoing

is a true and correct

copy of the original

filed in my office

this 1st day of

January, 1900

at Dallas, Texas

John Doe

County Clerk

My Comm. Expires

the 1st day of

January, 1901

Witness my hand

and the seal of my

office this 1st day

of January, 1900

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

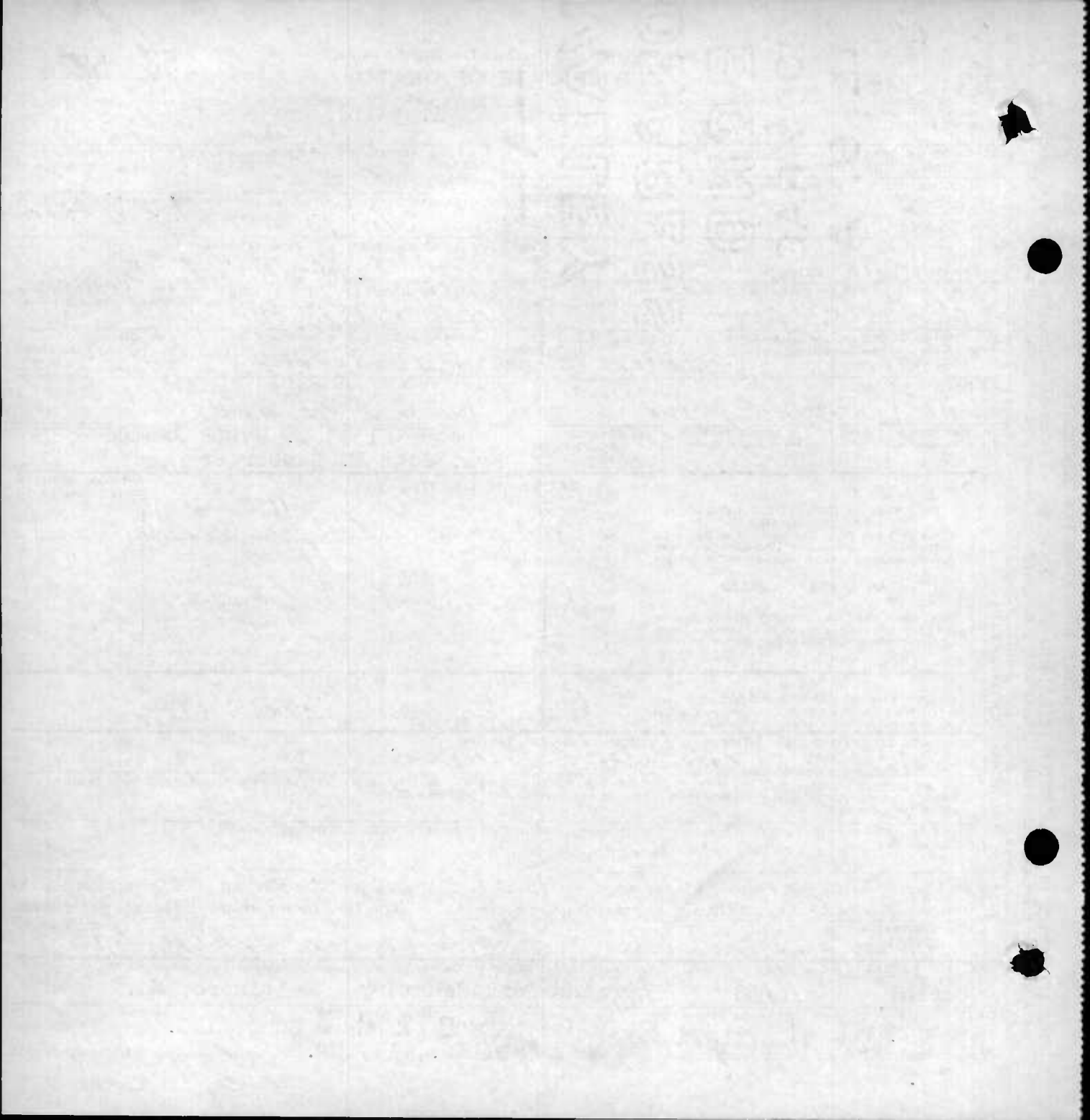
Registered No. **53 5244**

B-400
BIRTH NO. **5244**

1. NAME OF DECEASED (Type or Print) HARRIETT A. BELL		2. DATE OF DEATH 6.3/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 48 Maryland General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life.		D. STREET ADDRESS (If rural, give location) 1533 E. North Ave # 13	
5. SEX F.	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH AUG-28-1871
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY At home	
13. FATHER'S NAME William Baxter.		14. MOTHER'S MAIDEN NAME Hester Belard.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no	16. SOCIAL SECURITY NO. none	11. BIRTHPLACE (State or foreign country) Baltimore.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		17. INFORMANT 1533 E. North Avenue - 13 Mrs. John T. Bamberger	

18. 550.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Perforated appendicitis		CAUSE OF DEATH General Peritonitis		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST. Weakness. Cerebral Tics		(A) DUE TO		
		(B) DUE TO		
		(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 5.17.53		19B. MAJOR FINDINGS OF OPERATION Appendiceal abscess		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 5.17 , 19 53 to 6.3 , 19 53 that I last saw the deceased alive on 6.3 , 19 53 and that death occurred at 2 P.m. , from the causes and on the date stated above.				
23A. SIGNATURE D. Kagan		23B. ADDRESS MD. General Hosp.		23C. DATE SIGNED 6.3-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/6/53		24C. NAME OF CEMETERY OR CREMATORY Lorraine Park Cemetery
24D. LOCATION (City, town, or county) Baltimore, Md.		25. FUNERAL DIRECTOR'S ADDRESS HENRY SANDER & SONS, INC. BALTO., 13, MD.		
DATE RECEIVED BY LOCAL REGISTRAR JUN 6 1953		REGISTRAR'S SIGNATURE Huntington		

Sec. T. Bamberger



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 5245

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Emily Johnson

2. DATE
OF
DEATH

6-4-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Prudential Hosp.*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STREET

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION *Prudential Hospital*

C. CITY OR TOWN (If outside corporate limits, write FULL and give township)

Baltimore

c. Length of stay in Baltimore

40 yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1126 N. Gilman St. 17

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

July 18, 1888

9. AGE (In years
last birthday)

64 yrs.

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Hanover Co. Va

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Thompson

14. MOTHER'S MAIDEN NAME

Francis Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

260X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Cerebral Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Generalized arteriosclerosis

(C)

Diabetes mellitus

INTERVAL BETWEEN
ONSET AND DEATHOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 5-15, 1953, to 6-4, 1953, that I last saw the
deceased alive on 6-4, 1953, and that death occurred at 7:05 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Ignacio T. Garcia M. D.

23B. ADDRESS

Prudential Hospital

23C. DATE SIGNED

6-4-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 6 1953

Huntington Williams, M.D.

Metropolitan Funeral Home

<p>1. This contract is made this _____ day of _____, 19____, between the undersigned, American Overseas Airways Corporation, of the County of _____, State of _____, and the undersigned, _____, of the County of _____, State of _____.</p>	<p>2. The undersigned hereby agree to provide the undersigned with the following service: _____</p>
<p>3. The undersigned hereby agree to provide the undersigned with the following service: _____</p>	<p>4. The undersigned hereby agree to provide the undersigned with the following service: _____</p>
<p>5. The undersigned hereby agree to provide the undersigned with the following service: _____</p>	<p>6. The undersigned hereby agree to provide the undersigned with the following service: _____</p>
<p>7. The undersigned hereby agree to provide the undersigned with the following service: _____</p>	<p>8. The undersigned hereby agree to provide the undersigned with the following service: _____</p>
<p>9. The undersigned hereby agree to provide the undersigned with the following service: _____</p>	<p>10. The undersigned hereby agree to provide the undersigned with the following service: _____</p>
<p>11. The undersigned hereby agree to provide the undersigned with the following service: _____</p>	<p>12. The undersigned hereby agree to provide the undersigned with the following service: _____</p>
<p>13. The undersigned hereby agree to provide the undersigned with the following service: _____</p>	<p>14. The undersigned hereby agree to provide the undersigned with the following service: _____</p>
<p>15. The undersigned hereby agree to provide the undersigned with the following service: _____</p>	<p>16. The undersigned hereby agree to provide the undersigned with the following service: _____</p>
<p>17. The undersigned hereby agree to provide the undersigned with the following service: _____</p>	<p>18. The undersigned hereby agree to provide the undersigned with the following service: _____</p>
<p>19. The undersigned hereby agree to provide the undersigned with the following service: _____</p>	<p>20. The undersigned hereby agree to provide the undersigned with the following service: _____</p>
<p>21. The undersigned hereby agree to provide the undersigned with the following service: _____</p>	<p>22. The undersigned hereby agree to provide the undersigned with the following service: _____</p>
<p>23. The undersigned hereby agree to provide the undersigned with the following service: _____</p>	<p>24. The undersigned hereby agree to provide the undersigned with the following service: _____</p>
<p>25. The undersigned hereby agree to provide the undersigned with the following service: _____</p>	<p>26. The undersigned hereby agree to provide the undersigned with the following service: _____</p>
<p>27. The undersigned hereby agree to provide the undersigned with the following service: _____</p>	<p>28. The undersigned hereby agree to provide the undersigned with the following service: _____</p>
<p>29. The undersigned hereby agree to provide the undersigned with the following service: _____</p>	<p>30. The undersigned hereby agree to provide the undersigned with the following service: _____</p>
<p>31. The undersigned hereby agree to provide the undersigned with the following service: _____</p>	<p>32. The undersigned hereby agree to provide the undersigned with the following service: _____</p>
<p>33. The undersigned hereby agree to provide the undersigned with the following service: _____</p>	<p>34. The undersigned hereby agree to provide the undersigned with the following service: _____</p>
<p>35. The undersigned hereby agree to provide the undersigned with the following service: _____</p>	<p>36. The undersigned hereby agree to provide the undersigned with the following service: _____</p>
<p>37. The undersigned hereby agree to provide the undersigned with the following service: _____</p>	<p>38. The undersigned hereby agree to provide the undersigned with the following service: _____</p>
<p>39. The undersigned hereby agree to provide the undersigned with the following service: _____</p>	<p>40. The undersigned hereby agree to provide the undersigned with the following service: _____</p>

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 5246**

BIRTH NO. **53 5246**

1. NAME OF DECEASED (Type or Print) **LENA MADELINE Riggs** 2. DATE OF DEATH **JUNE 5 1953**

3. PLACE OF DEATH:
A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **MARYLAND** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
2108 RAMSAY ST. C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 20-05

c. Length of stay in Baltimore **LIFE** Yrs. Mos. Days D. STREET ADDRESS (If rural, give location)
2108 RAMSAY ST.

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **FEB. 24, 1875** 9. AGE (In years last birthday) **78** 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSEWIFE** 11. BIRTHPLACE (State or foreign country) **MARYLAND** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSEWIFE** 10B. KIND OF BUSINESS OR INDUSTRY **DOMESTIC** 11. BIRTHPLACE (State or foreign country) **MARYLAND** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13. FATHER'S NAME **JOSEPH KRAUSS** 14. MOTHER'S MAIDEN NAME **MARY KRAPMAN**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **NO** 16. SOCIAL SECURITY NO. **212-107482B** 17. INFORMANT ADDRESS **WM. S. Riggs 2108 RAMSAY ST.**

18. **156.1** CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) **Cancer of the Liver** (B) **Smooth?**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Dec 1952** to **JUNE 5, 1953** that I last saw the deceased alive on **JUNE 4, 1953** and that death occurred at **4:20 AM.** from the causes and on the date stated above.

23A. SIGNATURE **George L. Schwab** M. D. 23B. ADDRESS **3325 Fredericka** 23C. DATE SIGNED **JUNE 5 1953**

24A. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24B. DATE **6-8-53** 24C. NAME OF CEMETERY OR CREMATORY **NEW CATHEDRAL** 24D. LOCATION (City, town or county) (State) **BALTIMORE, Md.**

DATE RECEIVED BY LOCAL REGISTRAR **JUN 6 1953** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR ADDRESS **George L. Schwab 2101 Frederick Ave.**

VS 150

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct address is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

STATE OF NEW YORK
COUNTY OF ALBANY

NAME OF DECEASED
JAMES J. HANCOCK

DATE OF DEATH
JANUARY 15, 1980

PLACE OF DEATH
ALBANY, NEW YORK

CAUSE OF DEATH
CORONARY HEART DISEASE
MYOCARDIAL INFARCTION

1. NAME OF DECEASED	JAMES J. HANCOCK
2. DATE OF DEATH	JANUARY 15, 1980
3. PLACE OF DEATH	ALBANY, NEW YORK
4. CAUSE OF DEATH	CORONARY HEART DISEASE MYOCARDIAL INFARCTION
5. SIGNATURE OF PHYSICIAN	
6. SIGNATURE OF REGISTRAR	
7. SIGNATURE OF WITNESSES	
8. SIGNATURE OF DECEASED	
9. SIGNATURE OF NEXT OF KIN	
10. SIGNATURE OF BURIAL OFFICIAL	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct spelling of names is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 5247**

BIRTH NO. **53 5247**

1. NAME OF DECEASED (Type or Print) Mr. Joseph Strumsky			2. DATE OF DEATH June 6, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Yes			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Life-time			D. STREET ADDRESS (If rural, give location) 1115 West Hamburg St, Balto-30-Md		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 7/5/28	9. AGE (in years last birthday) 24	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHEMICAL RESEARCH			10B. KIND OF BUSINESS OR INDUSTRY Chemistry		
11. BIRTHPLACE (State or foreign country) Baltimore			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Adam J. Strumsky			14. MOTHER'S MAIDEN NAME Margaret Greifzu		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. 218-26-2895		
17. INFORMANT Mr. Adam Strumsky			ADDRESS 1115 W. Hamburg St.		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 592X I Congestive Heart Failure			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II Malignant Hypertension			DUE TO Chronic Glomerular Nephritis		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 5 , 1953, to June 6 , 1953, that I last saw the deceased alive on June 6 , 1953, and that death occurred at 505 Am. from the causes and on the date stated above.					
23A. SIGNATURE Joseph P. Strumsky			23B. ADDRESS Bon Secours Hosp.		23C. DATE SIGNED 6/6/53
24A. BURIAL, CREMATION, REMOVAL (Specify) 1349142		24B. DATE 6-9-53	24C. NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL		24D. LOCATION (City, town, or county) (State) BALTIMORE, MD.
DATE RECEIVED BY LOCAL REGISTRAR JUN 6 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR GEORGE L. Schwab ADDRESS 2101 Frederick AVE.	

CERTIFICATE OF DEATH

DATE OF DEATH

TIME

PLACE

CAUSE

MANNER

AGE

SEX

RACE

RELIGION

EDUCATION

OCCUPATION

RESIDENCE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

PLACE OF MARRIAGE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

AGE AT DEATH

SEX AT DEATH

RACE AT DEATH

RELIGION AT DEATH

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO. D-355				BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 5248	
1. NAME OF DECEASED (Type or Print) Joseph J. Dittman				2. DATE OF DEATH 6-5-53			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Ma. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital				C. CITY OR TOWN (If outside corporate limits, write full name, and give township) Baltimore 20-01			
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 2022 W. Fayette St.			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 21, 1908		9. AGE (In years last birthday) 45	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bristle Worker		10B. KIND OF BUSINESS OR INDUSTRY Brush Mfrg.		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME John Dittman				14. MOTHER'S MAIDEN NAME Gertrude Hammel			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) None		16. SOCIAL SECURITY NO. -		17. INFORMANT ADDRESS Dorothy Mae Dittman - Above			
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease DUE TO Coronary Occlusion DUE TO Coronary Occlusion DUE TO Coronary Occlusion				INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., to or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
23A. SIGNATURE William Woods				23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED 6-6-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/9/53		24C. NAME OF CEMETERY OR CREMATORY New Catholic Cmp.		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR June 6, 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR G. L. Schulz		ADDRESS 2101 Frederick Ave	

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

5-320
53 5249 53-12281

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 5249

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Boy Sadowski

2. DATE OF DEATH

6-5-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

COUNTY

before admission

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Doctors Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1817 Thames St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX
M

6. COLOR OR RACE
W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Baby

8. DATE OF BIRTH

6-3-53

9. AGE (in years last birthday)

If Under 1 Year Months: Days: Hours: Min.
2

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ind.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Sadowski Jr.

14. MOTHER'S MAIDEN NAME

Helen Gryboski

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. *770.0*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Congenital Blood Dyscrasia*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6-3-1953* to *6-3-1953*, that I last saw the deceased alive on *6-5-1953*, and that death occurred at *8:15* m., from the causes and on the date stated above.

23A. SIGNATURE

Resident physician

23B. ADDRESS

Doctors Hospital

23C. DATE SIGNED

6-6-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/6/53

24C. NAME OF CEMETERY OR CREMATORY

St. Lawrence

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 6 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mr. J. J. Sadowski

ADDRESS

Mr. Charles D. Sadowski

STATE OF NEW YORK
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Death	
5. Place of Birth		6. Usual Residence		7. Cause of Death		8. Manner of Death	
9. Occupation		10. Education		11. Marital Status		12. Date of Marriage	
13. Name of Physician		14. Name of Funeral Home		15. Name of Burial Place		16. Name of Interment	
17. Name of Attending Physician		18. Name of Medical Examiner		19. Name of Coroner		20. Name of Jury	
21. Name of Registrar		22. Name of Clerk		23. Name of Deputy Clerk		24. Name of Assistant	
25. Name of Nurse		26. Name of Pharmacist		27. Name of Dentist		28. Name of Veterinarian	
29. Name of Minister		30. Name of Priest		31. Name of Rabbi		32. Name of Imam	
33. Name of Chaplain		34. Name of Pastor		35. Name of Reverend		36. Name of Bishop	
37. Name of Archbishop		38. Name of Cardinal		39. Name of Pope		40. Name of Emperor	
41. Name of King		42. Name of Queen		43. Name of Prince		44. Name of Princess	
45. Name of Duke		46. Name of Duchess		47. Name of Count		48. Name of Countess	
49. Name of Baron		50. Name of Baroness		51. Name of Lord		52. Name of Lady	
53. Name of Sir		54. Name of Dame		55. Name of Esquire		56. Name of Gentleman	
57. Name of Gentlewoman		58. Name of Maid		59. Name of Miss		60. Name of Mrs.	
61. Name of Mr.		62. Name of Dr.		63. Name of Rev.		64. Name of Hon.	
65. Name of Honorable		66. Name of Noble		67. Name of Magnificent		68. Name of Excellent	
69. Name of Wonderful		70. Name of Amazing		71. Name of Incredible		72. Name of Unbelievable	
73. Name of Extraordinary		74. Name of Phenomenal		75. Name of Spectacular		76. Name of Breathtaking	
77. Name of Astonishing		78. Name of Mind-boggling		79. Name of Jaw-dropping		80. Name of Mouth-watering	
81. Name of Mouth-watering		82. Name of Heart-breaking		83. Name of Soul-shaking		84. Name of Spirit-shaking	
85. Name of Spirit-shaking		86. Name of Bone-deep		87. Name of Bone-deep		88. Name of Bone-deep	
89. Name of Bone-deep		90. Name of Bone-deep		91. Name of Bone-deep		92. Name of Bone-deep	
93. Name of Bone-deep		94. Name of Bone-deep		95. Name of Bone-deep		96. Name of Bone-deep	
97. Name of Bone-deep		98. Name of Bone-deep		99. Name of Bone-deep		100. Name of Bone-deep	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-AB-1009705
53-5250BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5250

BIRTH NO.		1. NAME OF DECEASED (Type or Print) James Gibson		2. DATE OF DEATH June 5-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		D. STREET ADDRESS (If rural, give location) 3125 Elmora Ave. zone 13		8-01	
c. Length of stay in Baltimore 45yrs.		Yrs. Mos. Days			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 15-1892	9. AGE (In years last birthday) 60	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BRICK LAYER		10B. KIND OF BUSINESS OR INDUSTRY STEEL WARE	11. BIRTHPLACE (State or foreign country) Scotland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Robert Gibson (D)		14. MOTHER'S MAIDEN NAME Margaret McGee (D)			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 217-05-8399		17. INFORMED ADDRESS Baltimore City Hospitals Records: 4940 Eastern Ave.	
18. 199.9		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Generalized Metastasis from a Cancer of undetermined location			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 6-5		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 3-24 , 19 53 to 6-5 , 19 53 that I last saw the deceased alive on 6-5 , 19 53 , and that death occurred at 12.30 PM from the causes and on the date stated above.			
23A. SIGNATURE H. J. [Signature]		23B. ADDRESS 4940 Eastern Ave. Baltimore Md		23C. DATE SIGNED June 5-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 6-8-1953		24C. NAME OF CEMETERY OR CREMATORY CHAM HILL	
24D. LOCATION (City, town, or county) (State) BALTIMORE MD		25. FUNERAL DIRECTOR W. H. [Signature]		ADDRESS 1500 N. CHESTER ST	
DATE RECEIVED BY LOCAL REGISTRAR JUN 6 1953		REGISTRAR'S SIGNATURE W. H. [Signature]			
VS 150					

5043E

STATE OF TEXAS

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

No. _____

County of _____

State of _____

Decedent's Name _____

Age _____

Sex _____

Color _____

Marital Status _____

Occupation _____

Place of Birth _____

Date of Birth _____

Place of Death _____

Date of Death _____

Time of Death _____

Cause of Death _____

Immediate Cause _____

Underlying Cause _____

Manner of Death _____

Signature of Physician _____

Signature of Coroner _____

Signature of Registrar _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 5251**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)
**Elizabeth
Augusta / Crouch**
2. DATE
OF
DEATH **June 4, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)**3604 Mohawk Ave.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2611 Garrison Blvd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**widowed**

8. DATE OF BIRTH

Mar. 21, 18819. AGE (in years
last birthday)**72**H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**housewife**10B. KIND OF BUSINESS OR
INDUSTRY**at home**

11. BIRTHPLACE (State or foreign country)

Louisiana12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Louis Zeller

14. MOTHER'S MAIDEN NAME

Gogreue15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. W. L. Laque - 2611 Garrison Blvd.18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1-1-**, 19**52**, to **6-4-**, **53**, that I last saw the
deceased alive on **6-4**, 19**53**, and that death occurred at **11 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Removal**

24B. DATE

6/6/53

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

New Orleans, La.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 6 1953

VS 150

Balto. 17, Md.

CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

IMMEDIATE CAUSE

INTERMEDIATE CAUSE

UNDERLYING CAUSE

PERMANENT DAMAGE

PERMANENT INJURY

PERMANENT DISABILITY

PERMANENT DEFORMITY

PERMANENT LOSS OF SIGHT

PERMANENT LOSS OF HEARING

PERMANENT LOSS OF VOICE

PERMANENT LOSS OF USE OF LIMBS

PERMANENT LOSS OF USE OF ORGANS

PERMANENT LOSS OF USE OF MIND

PERMANENT LOSS OF USE OF SENSES

PERMANENT LOSS OF USE OF FACULTIES

PERMANENT LOSS OF USE OF POWERS

PERMANENT LOSS OF USE OF ABILITIES

PERMANENT LOSS OF USE OF QUALITIES

PERMANENT LOSS OF USE OF ATTRIBUTES

PERMANENT LOSS OF USE OF CHARACTERISTICS

PERMANENT LOSS OF USE OF PROPERTIES

PERMANENT LOSS OF USE OF FEATURES

PERMANENT LOSS OF USE OF MARKS

PERMANENT LOSS OF USE OF SIGNS

PERMANENT LOSS OF USE OF INDICIA

PERMANENT LOSS OF USE OF EVIDENCES

PERMANENT LOSS OF USE OF PROOFS

PERMANENT LOSS OF USE OF TESTIMONIES

PERMANENT LOSS OF USE OF VERIFICATIONS

PERMANENT LOSS OF USE OF CONFIRMATIONS

PERMANENT LOSS OF USE OF SUBSTANTIATIONS

PERMANENT LOSS OF USE OF CORROBORATIONS

PERMANENT LOSS OF USE OF REINFORCEMENTS

PERMANENT LOSS OF USE OF STRENGTHENINGS

PERMANENT LOSS OF USE OF SUPPORTS

PERMANENT LOSS OF USE OF BACKUPS

PERMANENT LOSS OF USE OF SAFEGUARDS

PERMANENT LOSS OF USE OF PROTECTIONS

PERMANENT LOSS OF USE OF GUARANTEES

PERMANENT LOSS OF USE OF ASSURANCES

PERMANENT LOSS OF USE OF WARRANTIES

PERMANENT LOSS OF USE OF VOUCHERS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-516 53 5252		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 5252 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		HENRY STARKEY SANFORD		June 5, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md.		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Melchor Nursing Home 24th & Charles Sts.		C. CITY OR TOWN Baltimore		14-03	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1808 Eutaw Place			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 17, 1876	9. AGE (In years last birthday) 76	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Engineer		10B. KIND OF BUSINESS OR INDUSTRY Steel Construction		11. BIRTHPLACE (State or foreign country) Michigan	
13. FATHER'S NAME William Hanning Sanford		14. MOTHER'S MAIDEN NAME --		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) --no		16. SOCIAL SECURITY NO. 217-12-5902		17. INFORMANT ADDRESS Mr. Harry Sanford - 1808 Eutaw Place	
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) CEREBRAL HEMORRHAGE DUE TO (B) MYELOCYTOSIS DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 1 HOUR 5 YRS.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from MAR 3, 1953 to JUNE 5, 1953 that I last saw the deceased alive on JUNE 5, 1953, and that death occurred at 9 A.m., from the causes and on the date stated above.					
23A. SIGNATURE Sewickley D. Sunday		23B. ADDRESS 201 EAST 33rd ST		23C. DATE SIGNED JUNE 6-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 6/7/53		24C. NAME OF CEMETERY OR CREMATORY Sewickley Cem.	
24D. LOCATION (City, town, or county) Pittsburgh, Pa.		24E. LOCATION (City, town, or county) Pittsburgh, Pa.		24F. LOCATION (City, town, or county) Pittsburgh, Pa.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 6 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		FUNERAL DIRECTOR'S ADDRESS J. Lickner & Sons Balt 17, Md.	

BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

NAME OF DECEASED
 JOHN J. JONES

RELATIONSHIP
 JOHN J. JONES

BALTIMORE

1000 BROAD STREET

APR 23 1905

1000 BROAD STREET

JOHN J. JONES

JOHN J. JONES - 1000 BROAD STREET

BALTIMORE

APR 23 1905

1000 BROAD STREET

BALTIMORE

APR 23 1905

1000 BROAD STREET

BALTIMORE

APR 23 1905

1000 BROAD STREET

BALTIMORE

APR 23 1905

1000 BROAD STREET

BALTIMORE

APR 23 1905

1000 BROAD STREET

BALTIMORE

APR 23 1905

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-246		BALTIMORE CITY HEALTH DEPARTMENT		53 5253	
53 5253		CERTIFICATE OF DEATH		Registered No. 53 5253	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		ETHEL B. KOGLER		June 4, 1953	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
A. Baltimore City, Maryland		A. STATE Md.		B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write full name, and give township)			
60 3025 Windsor Ave. Windsor Rest Home		Baltimore		28-31	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
Yrs. Mos. Days		4114 Newton Ave.			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months: Days
female	white	married	May 23, 1883	70	Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
housewife		at home		Washington, D. C.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
-- Stalcup		Alice Swift			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
no		none		Mr. George J. Kogler-4114 Newton Ave.	
18. 592X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) Cerebral Hemorrhage		5-31-53	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Chr. Myocarditis		1950	
		(C) Chr. Interstitial Nephritis		1950	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Apr. 22, 1953 to June 4, 1953 that I last saw the deceased alive on June 4, 1953 and that death occurred at 10:30 P.M. from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Paul Brown		3602 Liberty Hpts. E.		6-5-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		6/8/53		Woodlawn Cem.	
24D. LOCATION (City, town, or county)		24E. LOCATION (City, town, or county)		24F. LOCATION (City, town, or county)	
Woodlawn, Md.		Woodlawn, Md.		Woodlawn, Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		FEDERAL DIRECTOR	
JUN 6 1953		Huntington Williams, M.D.		W. J. Beckwith, M.D.	
VS 150					

3803 3803

WASHINGTON CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

RESIDENCE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF BIRTH

CAUSE OF DEATH

SEX

RACE

PLACE OF DEATH

DATE OF DEATH

Signature of Registrar

Signature of Physician

Signature of Coroner

Signature of Medical Examiner

S-400
553 5254BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5254

1. NAME OF DECEASED (Type or Print) Mrs. Ethel Skill			2. DATE OF DEATH June 4, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 13-08		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home) 2122 Druid Park Drive			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2122 Druid Park Drive		
5. SEX F	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Dec 11 - 1901		9. AGE (In year, last birthday) 51
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) stenographer		10B. KIND OF BUSINESS OR INDUSTRY Government	11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY? American
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Essie Appleton		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Doris A Skill - 2122 Druid Park Dr		

1B. 175X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cancer of the ovary with generalized metastases.			INTERVAL BETWEEN ONSET AND DEATH 6 months
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 6, 1953, to June 4, 1953, that I last saw the deceased alive on June 4, 1953, and that death occurred at 10:20 P.m., from the causes and on the date stated above.			
23A. SIGNATURE Robert E Bauer		23B. ADDRESS 5711 Nassa Place Balto 14	23C. DATE SIGNED June 5, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 7 - 1953	24C. NAME OF CEMETERY OR CREMATORY Forest Grove Meth Cemet	24D. LOCATION (City, town, or county) (State) Forest Grove Pa.
DATE RECEIVED BY LOCAL REGISTRAR JUN 6 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm Cook Inc - 1217 St Paul St	

U. S. A.
1063 P. 46
BOND
CONGRESS
VALLEY

2011 June 12 12:14 PM
2011 June 12 12:14 PM
2011 June 12 12:14 PM

53 5255

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5255
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DAVID CASTILLE

2. DATE
OF DEATH June 5, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Unknown

c. Length of stay in Baltimore 5 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept-19-13

9. AGE (In years last birthday)

39

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

In General

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Castille

14. MOTHER'S MAIDEN NAME

Willie Bradley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Inez Castille Petersburg Va.

18. E903.5 and 322.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute alcoholism

Multiple skull fractures

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) Fracture of body of 6th cervical vertebra

(C) Laceration of brain

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIB. CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

pavement

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

621 N. Eden Street

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

June 5, 1953 3:00 A. m.

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☒ AT WORK

21F. HOW DID INJURY OCCUR?

Apparently fell to pavement while drunk

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
June 5, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/9/53

24C. NAME OF CEMETERY OR CREMATORY

East View Cem.

24D. LOCATION (City, town, or county) (State)

Petersburg Va.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 7 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

E. L. Wilson

ADDRESS

1000 Beauty

VS 151

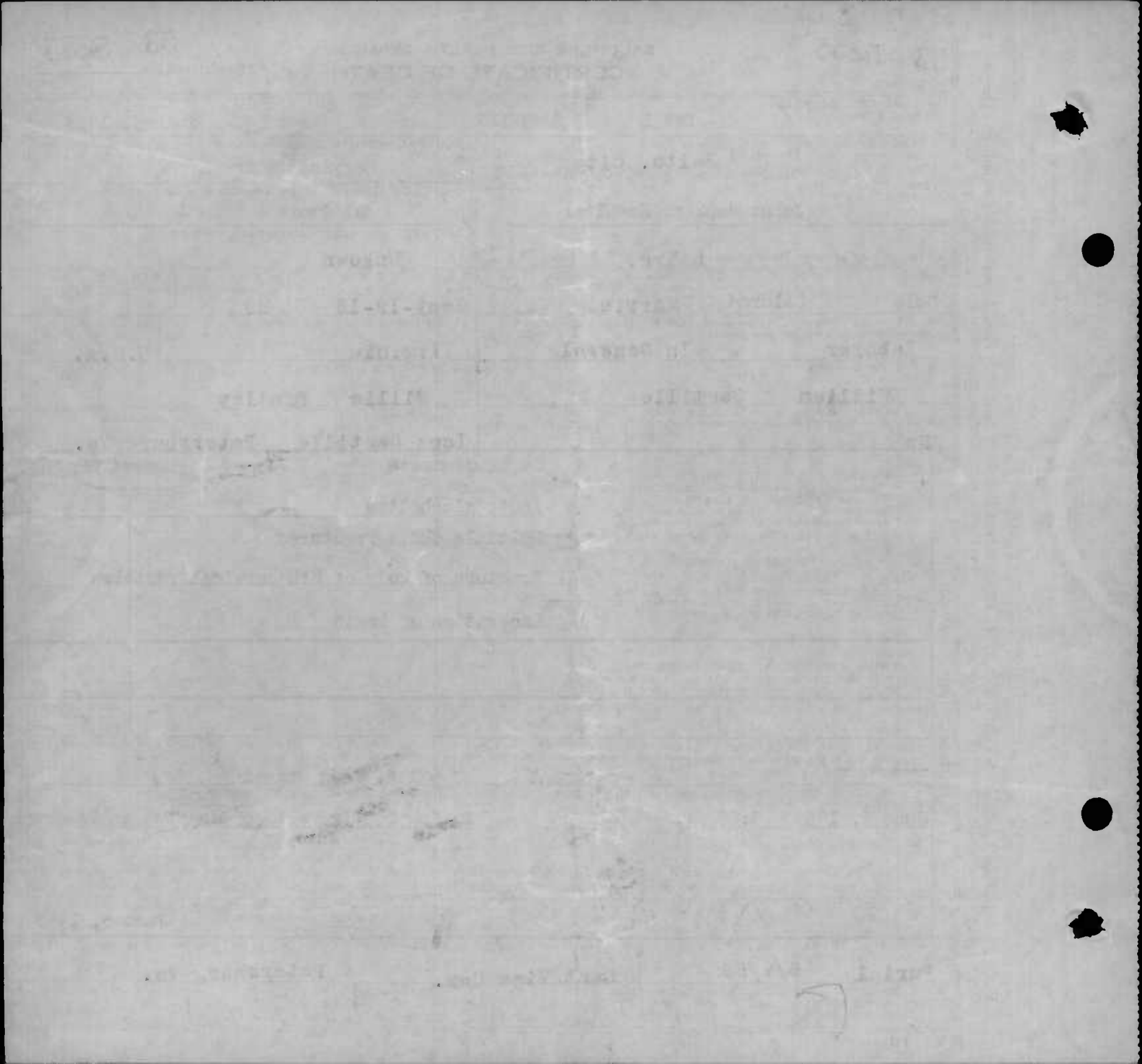
N803.2

97099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

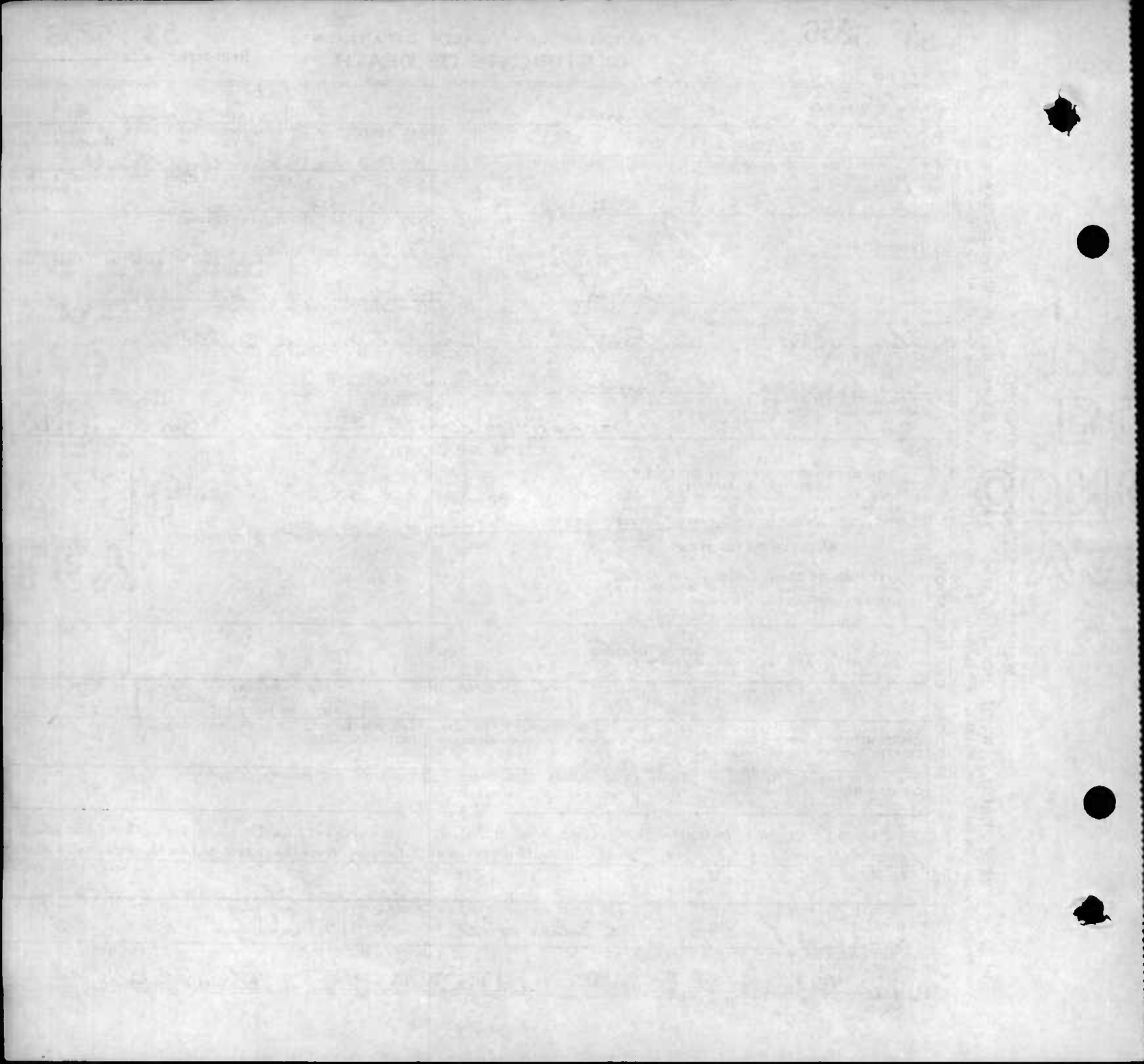
MEDICAL CERTIFICATION



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.				BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 5256 Registered No.			
1. NAME OF DECEASED (Type or Print) <u>Evans, Samuel</u>				2. DATE OF DEATH <u>5 June 1953</u>							
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Anne Arundel</u>							
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>University Hospital</u>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Glen Burnie</u>							
C. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) <u>300 Central Ave. 5200</u>							
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 29, 1883</u>		9. AGE (In years last birthday) <u>69</u>		10. Under 1 Year Months: Days		11. Under 24 Hours Hours: Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman (Ret.)</u>				10B. KIND OF BUSINESS OR INDUSTRY <u>De Pont</u>		11. BIRTHPLACE (State or foreign country) <u>Charlestown, Cecil Co., Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>George W. Evans</u>				14. MOTHER'S MAIDEN NAME <u>Emma J. White</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>061-07-4500</u>		17. INFORMANT <u>Dorothy Evans</u>		ADDRESS <u>Glen Burnie, Md.</u>			
18. <u>153X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				CAUSE OF DEATH (A) <u>Carcinoma colon & metastases</u> DUE TO (B) _____ DUE TO (C) _____				INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION <u>✓</u>				19B. CONDITION FOR WHICH OPERATION WAS PERFORMED				IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)				21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.				21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6-1</u> , 19 <u>53</u> to <u>6-5</u> , 19 <u>53</u> that I last saw the deceased alive on <u>6-5</u> , 19 <u>53</u> and that death occurred at <u>8:20 a.m.</u> , from the causes and on the date stated above.											
23A. SIGNATURE <u>W. T. Gray</u>				23B. ADDRESS <u>University Hospital</u>				23C. DATE SIGNED <u>6-5-53</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24B. DATE <u>June 8, 1953</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Cedar Hill</u>		24D. LOCATION (City, town, or county) (State) <u>Brooklyn PFD Md.</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 7 1953</u>				REGISTRAR'S SIGNATURE <u>H. H. E. Hunter</u>				25. FUNERAL DIRECTOR <u>W. T. Gray</u>			
								ADDRESS <u>Glen Burnie, Md.</u>			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5257

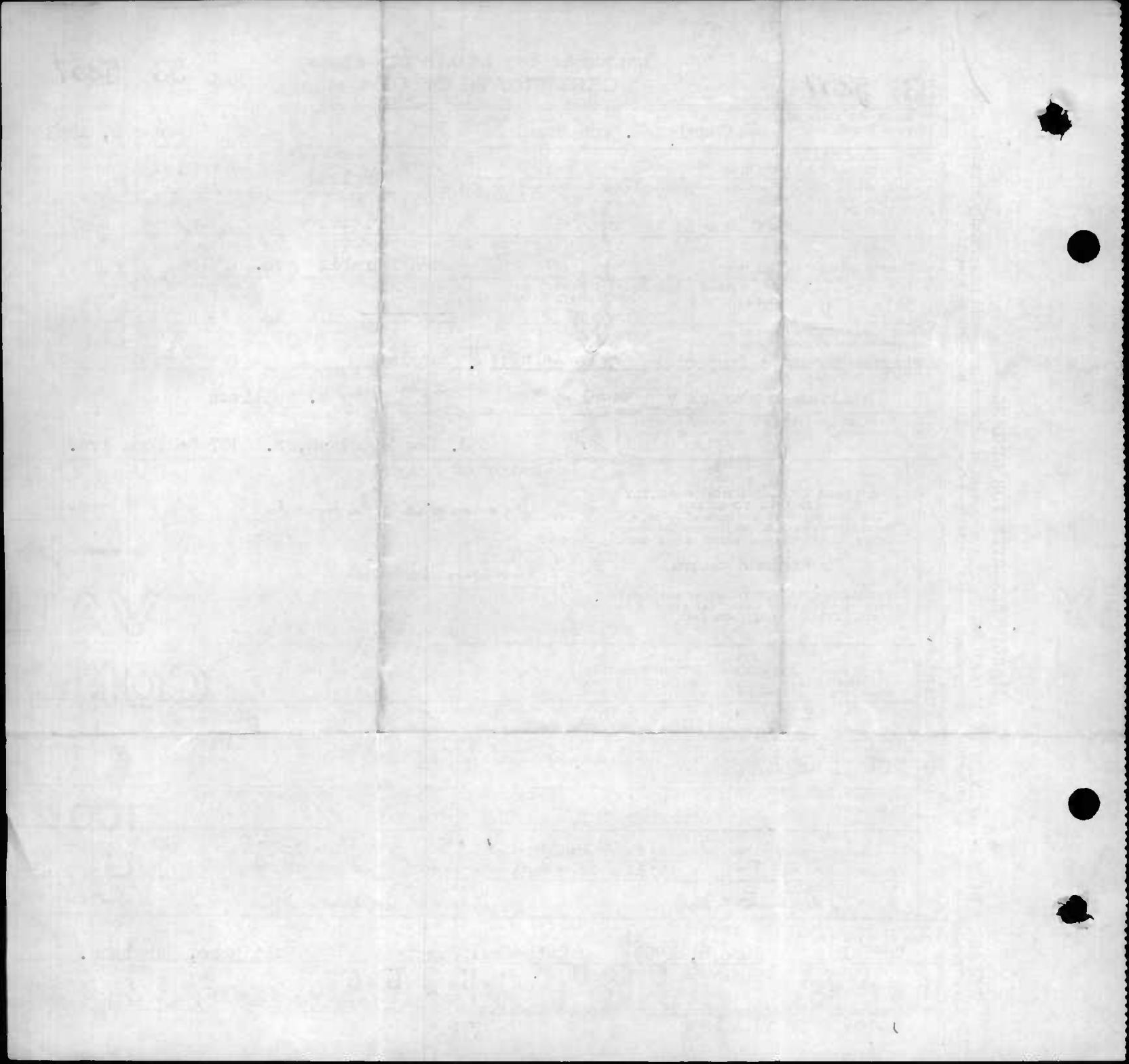
53 5257
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Charles W. von Hagel</u>			2. DATE OF DEATH <u>June 4, 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>4500 Arabia Ave</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>4500 Arabia Avenue</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>27-02</u>		
D. STREET ADDRESS (If rural, give location) <u>4500 Arabia Ave.</u>			E. LENGTH OF STAY IN BALTIMORE Yrs. <u>0</u> Mos. <u>0</u> Days <u>0</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>71</u>		9. AGE (In years last birthday) Months: Days: Hours: Min. <u>71</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Highways Inspector City of Balto.</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Maryland</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
12. CITIZEN OF WHAT COUNTRY? <u>Maryland</u>			13. FATHER'S NAME <u>William Frederick von Hagel</u>		
14. MOTHER'S MAIDEN NAME <u>Mary E. Sullivan</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		
16. SOCIAL SECURITY NO. <u>0</u>			17. INFORMANT ADDRESS <u>J. Leo Flanigan, Jr. 6307 Bellona Ave.</u>		

18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Myocardial Infarction?</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <u>Arteriosclerosis</u>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>0</u>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>8-15</u> , 19 <u>36</u> , to <u>5-25</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5-25</u> , 19 <u>53</u> , and that death occurred at <u>4 A</u> m., from the causes and on the date stated above.			
23A. SIGNATURE <u>John Carey</u>	23B. ADDRESS M. D. <u>1014 So. Park St.</u>	23C. DATE SIGNED <u>6-5-53</u>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>June 8, 1953</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Cathedral Cemetery</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore, Maryland.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 7 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	
FUNERAL DIRECTOR <u>W. H. Williams & Son 805 N. Calvert St.</u>		ADDRESS <u>53324</u>	



CERTIFICATE AMENDED 6/1/53 35

BALTIMORE CITY HEALTH DEPARTMENT

X 53 5258
Registered No.H-143
53 5258 5-3-11236-CERTIFICATE OF DEATH

1. NAME OF DECEASED (Type or Print) BABY GIRL HOFFELD			2. DATE OF DEATH 5/19/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Linai Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5254		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 142 Kingston Road #30		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S.	8. DATE OF BIRTH 5/17/53		9. AGE (In years last birthday) 7
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Linai Hosp. Balt. Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Louis W.			14. MOTHER'S MAIDEN NAME Jo Ann Hill		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. 7541 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prov. anatomical diagnosis: ANTECEDENT CAUSES	CAUSE OF DEATH Incompletely aerated lungs Unknown pending (A) Patent foramen ovale, patent ductus Botalli DUE TO Focal adipsal fibroelastosis, outflow tract LV Pet. & Autopsy report (B) Acute congestion of liver, spleen DUE TO Acute esophagitis(?) post traumatic (C)	INTERVAL BETWEEN ONSET AND DEATH
--	---	----------------------------------

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 5/19/53		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/17 , 19 53 to 5/19 , 19 53 , that I last saw the deceased alive on 5/19 , 19 53 and that death occurred at 7:30 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Blond Darius		23B. ADDRESS Linai Hosp		23C. DATE SIGNED 5/19/53	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL	24D. LOCATION (City, town, or county) MARY 2 5 1953	(State)
DATE RECEIVED BY LOCAL REGISTRAR JUN 7 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Huntington Williams, M.D.	ADDRESS	

See query reply in Document file

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5259
Registered No.

BIRTH NO. 53-11406

1. NAME OF DECEASED
(Type or Print)

Baby Girl Stanley

2. DATE
OF
DEATH

May 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

May 21, 1953

9. AGE (In years last birthday)

10 Under 1 Year
Months Days Hours Min.

2 0 0 3

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Joseph Culvory Stanley

14. MOTHER'S MAIDEN NAME

Cecilia Saunders

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 750X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Anencephalic monster

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 5-21, 1953 to 5-21, 1953, that I last saw the deceased alive on 5-21, 1953 and that death occurred at 10:13 Pm., from the causes and on the date stated above.

23A. SIGNATURE

W. H. Kattner

M. D.

23B. ADDRESS

Huntington Williams, M.D.

23C. DATE SIGNED

5/20/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 7 1953

Huntington Williams, M.D.

Huntington Williams, M.D.

Huntington Williams, M.D.

0-20

THE BOARD OF HEALTH
CITY OF BOSTON

1908

10



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53-5260

BIRTH NO. 53-11657

1. NAME OF DECEASED
(Type or Print)

Shaffer Baby Boy

2. DATE
OF
DEATH

5-22-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland Baltimore

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Doctors Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balt 22 - Md. 5353

D. STREET ADDRESS (If rural, give location)

3448 Solles Point Rd.

c. Length of stay in Baltimore

2

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Baby

8. DATE OF BIRTH

5-20-53

9. AGE (In years
last birthday)10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.

2

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Lee Howard Shaffer

14. MOTHER'S MAIDEN NAME

Whary

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 763.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Pneumonia, lobar, bilater.

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 5-20-1953 to 5-22, 1953 that I last saw the
deceased alive on 5-22, 1953, and that death occurred at 10:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

C. H. Morrison

M. D.

23B. ADDRESS

Dundalk 22, Md

23C. DATE SIGNED

26 May 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

1. *[Faint, illegible handwritten text]*

[Handwritten signature]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 5261**

53 5261
BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bessie Smith

2. DATE
OF
DEATH

June 6 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

68 2449 Shirley Avenue

C. Length of stay in Baltimore

55 yrs.

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 15-13

D. STREET ADDRESS (If rural, give location)

2647 Oswego Avenue

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

1879

9. AGE (in years last birthday)

74

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. *4221*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Arteriosclerotic Cardio-Vas Disease

INTERVAL BETWEEN ONSET AND DEATH

2 1/2 yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

None

DUE TO

(C)

None

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Jan. 5, 1951*, to *June 6, 1953*, that I last saw the deceased alive on *June 6, 1953*, and that death occurred at *4A* m., from the causes and on the date stated above.

23A. SIGNATURE

Marcel Levin

23B. ADDRESS

4818 Reisterstown Rd

23C. DATE SIGNED

June 6, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 8 1953

24C. NAME OF CEMETERY OR CREMATORY

Sharon 3600 Baltimore County, Md

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. + Leo - 1124-26

25. FUNERAL DIRECTOR

ADDRESS

VS 150

W. North Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF JUSTICE

VALIEX

CONGRED

1960

1961

1962

1963

1964

1965

1966

1967

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 5262**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Sue Rodman Mallory**2. DATE
OF
DEATH**June 5, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)**44 UNION MEMORIAL Hospital**

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)**New York
Long Island**

D. STREET ADDRESS (If rural, give location)

36 Bellport Lane

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Widowed**

8. DATE OF BIRTH

July 14 18909. AGE (In years
last birthday)**62**If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**None**10B. KIND OF BUSINESS OR
INDUSTRY**None**

11. BIRTHPLACE (State or foreign country)

Kentucky12. CITIZEN OF
WHAT COUNTRY?**U.S.**

13. FATHER'S NAME

Thomas Rodman (D)

14. MOTHER'S MAIDEN NAME

Julia Willoughby (D)15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**No**16. SOCIAL
SECURITY NO.**NONE**

17. INFORMANT

Herself

ADDRESS

18. **E902.7**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) **PNEUMONIA**

DUE TO

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **Aspiration**

DUE TO

1 day

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(C) **Fracture, Neck Lt. Femur****1 1/2 days****Hypertensive + Atherosclerotic Heart Disease****YRS.**

19A. DATE OF OPERATION

June 4, 1953

19B. MAJOR FINDINGS OF OPERATION

Fracture Neck Lt. Femur

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)**Accident**21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)**Hospital Room**21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?**Union Memorial Hospital****12/02**21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY**2:00 AM June 4, 1953**

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Patient slipped on bedside footstool.22. I hereby certify that I attended the deceased from **June 3, 1953**, to **June 5, 1953**, that I last saw the
deceased alive on **June 5, 1953**, and that death occurred at **7:55 p. m.**, from the causes and on the date stated above.

23A. SIGNATURE

B. R. Brink

M. D.

23B. ADDRESS

Union Memorial

23C. DATE SIGNED

June 5, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)**REMOVAL**

24B. DATE

6/9/53

24C. NAME OF CEMETERY OR CREMATORY

WOODLAND CEM.

24D. LOCATION (City, town or county) (State)

BELLPORT LONG ISLAND, NY.DATE RECEIVED BY
LOCAL REGISTRAR

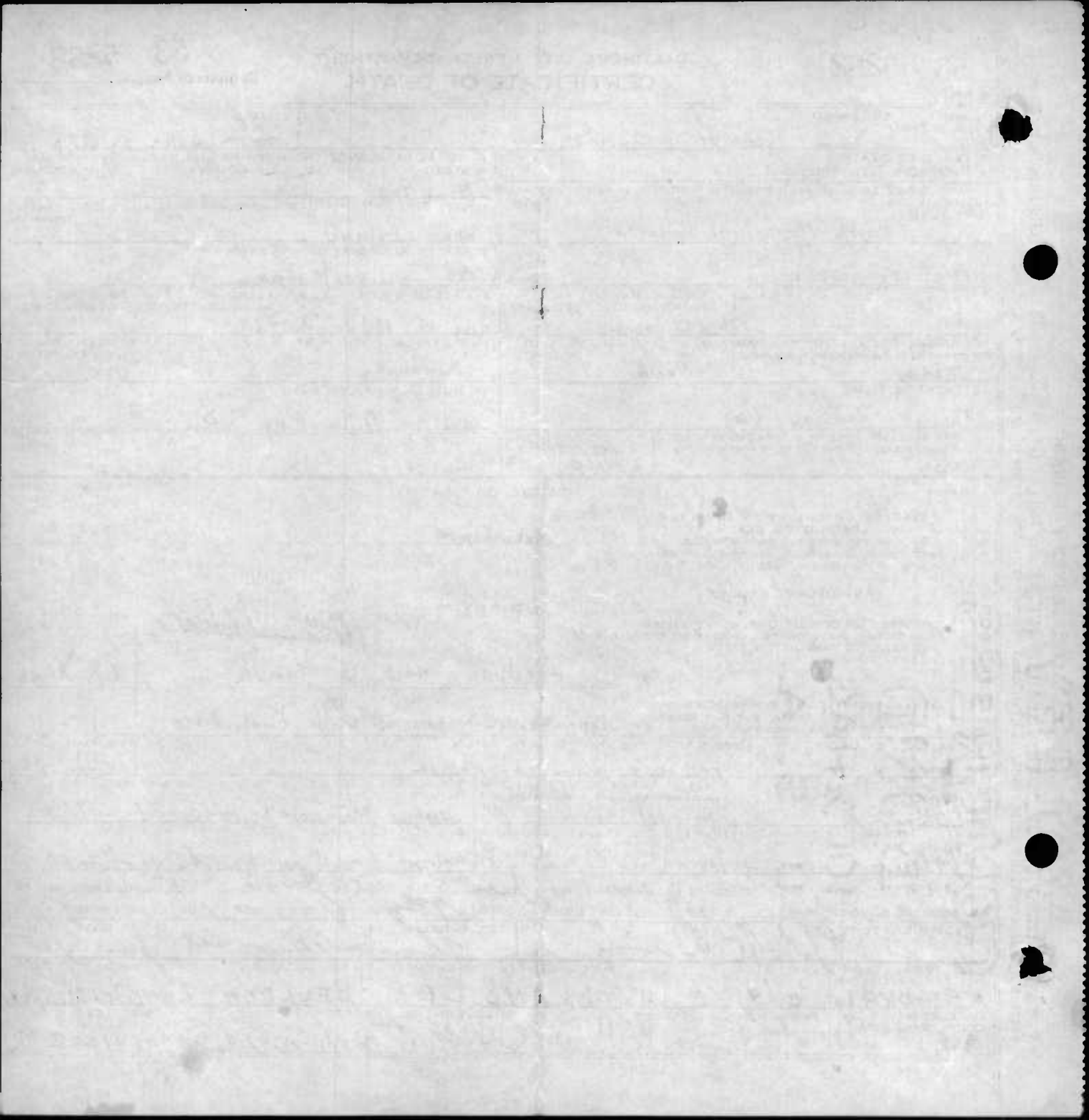
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

SONO CATONSVILLE, MD.



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 5263

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BABY BOY JONES

2. DATE OF DEATH

May 25 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived if institution / residence before admission)
A. STATE B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Hospital for Women of Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore - 23 - 19-03

C. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)
1424 N. Pratt Street

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

May 25 1953

9. AGE (In years last birthday)

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore - Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Edward Jones

14. MOTHER'S MAIDEN NAME

Rachel Elizabeth Stern

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 776X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) PREMATUREITY 2.3 weeks

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from at birth, at 9:54 PM MAY 25, 1953, that I last saw the deceased alive on May 25, 1953, and that death occurred at 11:30 PM, from the causes and on the date stated above.

23A. SIGNATURE

frances J Bagin

23B. ADDRESS

Hospital for the Women of Maryland

23C. DATE SIGNED

May 27, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL MAY 28 1953

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Huntington Williams, M.D.

ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT

53 5264

53 5264 53-12058

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 53 5264 53-12058			1. NAME OF DECEASED (Type or Print) Baby Laur			2. DATE OF DEATH 5/27/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MD B. COUNTY Balto					
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 20-07					
c. Length of stay in Baltimore 1 Days			D. STREET ADDRESS (If rural, give location) 22 N Monastery Ave - 29					
5. SEX F	6. COLOR OR RACE W	7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 5/27/53		9. AGE (In years last birthday) Newborn		10. Under 1 Year Months: Days: 1	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Robert Laur			14. MOTHER'S MAIDEN NAME Mary Anderson					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Mother 22 N Monastery		
18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity DUE TO (A) Prematurity DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 12 min			CAUSE OF DEATH					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION none			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 5/27/53 , 19 53 , to 5-27-53 , 19 53 , that I last saw the deceased alive on 5/27/53 , and that death occurred at 7:35 m., from the causes and on the date stated above.								
23A. SIGNATURE J. J. Edmunds M.D.			23B. ADDRESS Lutheran Hosp			23C. DATE SIGNED 5/28/53		
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)		
DATE RECEIVED BY LOCAL REGISTRAR JUN 1 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Huntington Williams, M.D.		ADDRESS		

REPUBLIC OF CHINA
MINISTRY OF HEALTH
CERTIFICATE OF HEALTH

NAME

AGE

SEX

DATE

TIME

PLACE

SIGNATURE

STAMP

REMARKS

DATE

TIME

PLACE

SIGNATURE

STAMP

REMARKS

DATE

TIME

PLACE

SIGNATURE

STAMP

REMARKS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 5265**

53 5265
BIRTH NO. **53-12396**

1. NAME OF DECEASED
(Type or Print) **Baby Boy Pickett**

2. DATE OF DEATH **5/30/53**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md.** B. COUNTY **Baltimore**

B. FULL NAME OF HOSPITAL OR INSTITUTION **Lutheran Hospital**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto.

c. Length of stay in Baltimore
Yrs. **46** Mos. **5300** Days

D. STREET ADDRESS (If rural, give location)
6422 Kiel Ave.

5. SEX **M**

6. COLOR OR RACE **W**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH **5/29/53**

9. AGE (In years last birthday) **10**
H Under 1 Year Months: Days H Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Balto. Md.

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME

Marshall Pickett

14. MOTHER'S MAIDEN NAME

Doris Remy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. **776X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Prematurity

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 29, 1953** to **May 30, 1953**, that I last saw the deceased alive on **10:13 A.M., 1953**, and that death occurred at **10:45 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Franklin L. Keller

M. D.

23B. ADDRESS

Lutheran Hospital

23C. DATE SIGNED

6/3/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL, JUN 4 1953

DATE RECEIVED BY LOCAL REGISTRAR

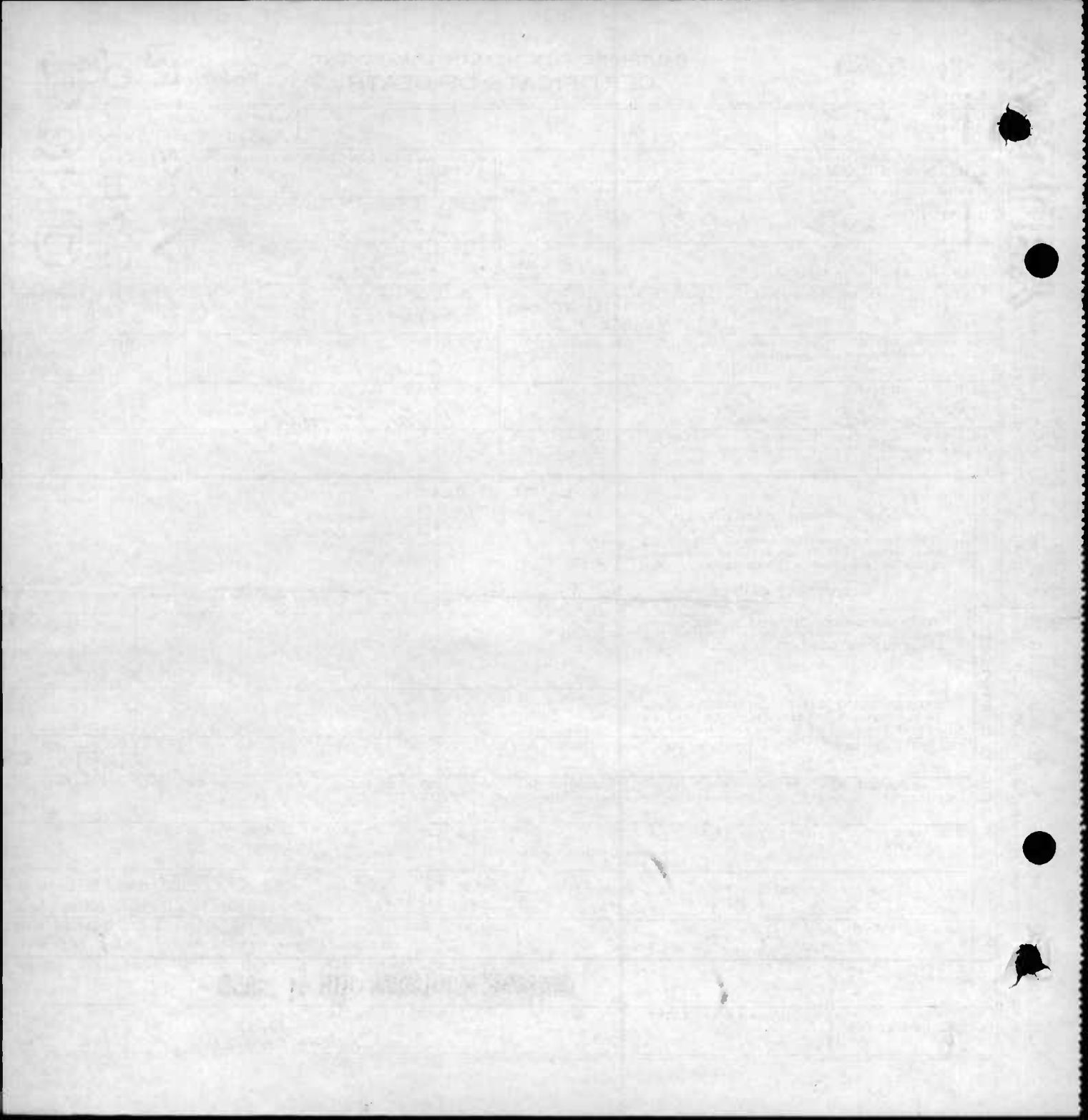
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-160
53 5266BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 5266

Registered No. _____

BIRTH NO. 53-11407

1. NAME OF DECEASED
(Type or Print) SCHAEFFER, BABY Boy2. DATE
OF
DEATH 5/23/533. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD B. COUNTY 22-02B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION UNIVERSITY HOSPC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)
665 WASH. BLVD

5. SEX m

6. COLOR OR RACE W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH 5/21/53

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY11. BIRTHPLACE (State or foreign country)
MD.12. CITIZEN OF
WHAT COUNTRY? USA

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME
MARY SCHAEFFER15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
MOTHERADDRESS
(same)

18. 762.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ATELECTASIS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) PECTUS EXCAVATUM

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) PREMATURE

19A. DATE OF OPERATION 5/21

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from 5/21 1953, to 5/23, 1953, that I last saw the
deceased alive on 5/23, 1953, and that death occurred at 10:34 a. m., from the causes and on the date stated above.23A. SIGNATURE
Raymond J. Cunniff23B. ADDRESS
Cunningham, Chas.23C. DATE SIGNED
5/23/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRARREGISTRAR'S SIGNATURE
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS
Huntington Williams, M.D.

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

1. Name of Subject		2. Date of Birth	
3. Sex		4. Race	
5. Height		6. Weight	
7. Eyes		8. Hair	
9. Complexion		10. Place of Birth	
11. Date of Entry into Country		12. Date of Departure from Country	
13. Date of Arrest		14. Date of Release	
15. Date of Death		16. Date of Burial	
17. Date of Interment		18. Date of Cremation	
19. Date of Disinterment		20. Date of Reinterment	
21. Date of Exhumation		22. Date of Reburial	
23. Date of Reinterment		24. Date of Reburial	
25. Date of Reinterment		26. Date of Reburial	
27. Date of Reinterment		28. Date of Reburial	
29. Date of Reinterment		30. Date of Reburial	
31. Date of Reinterment		32. Date of Reburial	
33. Date of Reinterment		34. Date of Reburial	
35. Date of Reinterment		36. Date of Reburial	
37. Date of Reinterment		38. Date of Reburial	
39. Date of Reinterment		40. Date of Reburial	
41. Date of Reinterment		42. Date of Reburial	
43. Date of Reinterment		44. Date of Reburial	
45. Date of Reinterment		46. Date of Reburial	
47. Date of Reinterment		48. Date of Reburial	
49. Date of Reinterment		50. Date of Reburial	
51. Date of Reinterment		52. Date of Reburial	
53. Date of Reinterment		54. Date of Reburial	
55. Date of Reinterment		56. Date of Reburial	
57. Date of Reinterment		58. Date of Reburial	
59. Date of Reinterment		60. Date of Reburial	
61. Date of Reinterment		62. Date of Reburial	
63. Date of Reinterment		64. Date of Reburial	
65. Date of Reinterment		66. Date of Reburial	
67. Date of Reinterment		68. Date of Reburial	
69. Date of Reinterment		70. Date of Reburial	
71. Date of Reinterment		72. Date of Reburial	
73. Date of Reinterment		74. Date of Reburial	
75. Date of Reinterment		76. Date of Reburial	
77. Date of Reinterment		78. Date of Reburial	
79. Date of Reinterment		80. Date of Reburial	
81. Date of Reinterment		82. Date of Reburial	
83. Date of Reinterment		84. Date of Reburial	
85. Date of Reinterment		86. Date of Reburial	
87. Date of Reinterment		88. Date of Reburial	
89. Date of Reinterment		90. Date of Reburial	
91. Date of Reinterment		92. Date of Reburial	
93. Date of Reinterment		94. Date of Reburial	
95. Date of Reinterment		96. Date of Reburial	
97. Date of Reinterment		98. Date of Reburial	
99. Date of Reinterment		100. Date of Reburial	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5267
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Mrs Emma Smithers*2. DATE
OF
DEATH*6-4-1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 20-07

D. STREET ADDRESS (If rural, give location)

155 S. Monastery Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

*W*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Widowed*

8. DATE OF BIRTH

9. AGE (in years, last birthday) If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.

2-19-1886 67

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

*Housewife**At Home*

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John Kohler

14. MOTHER'S MAIDEN NAME

Anna Dimler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*Miss Rosette Callahan - Same*18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

*Coronary Thrombosis
Myocardial infarction
Atherosclerosis, generalized*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from *May*, 19*52* to *June*, 19*53*, that I last saw the deceased alive on *June 1, 1953*, and that death occurred at *9:30 PM.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Burial June 8/53**Lanham Park, Baltimore, Md.**St. P. Hospital & Snd-1300 E. Pratt St.*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*JUN 7 1953**Huntington Williams**St. P. Hospital & Snd-1300 E. Pratt St.**St. P. Hospital & Snd-1300 E. Pratt St.*

1887

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MARY B. CORSON

2. DATE
OF
DEATH

6/5/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

606 W. 37th St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto

13-07

D. STREET ADDRESS (If rural, give location)

606 W. 37th St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan 28, 1874

9. AGE (in years
last birthday)

79

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Va

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Alfred L. Corson 606 W. 37th St.

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cardio - Renal Hypertensive
Vascular Disease

10 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from March 29, 1953, to June 5, 1953, that I last saw the
deceased alive on June 5, 1953, and that death occurred at 4:15 P. m., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Wilson

M. D.

23B. ADDRESS

617 W. 40th St

23C. DATE SIGNED

6/6/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

JUN 1 1953

Huntington Williams, M.D.

Paul E. Lohman, Jr.

3615-17 Chestnut Ave

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

53 5269

53 5269

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOSSON L. HALL

2. DATE
OF
DEATH

6/5/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3630 Keswick Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 13-07D. STREET ADDRESS (If rural, give location)
3630 Keswick Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct 7, 1878

9. AGE (In years
last birthday)

82

10 Under 1 Year
Months! Days11 Under 24 Hours
Hours! Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Va

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

-

14. MOTHER'S MAIDEN NAME

-

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

-

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

ADDRESS

Anna M. Hall 3630 Keswick Rd.

18. 450.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Broncho-pneumonia

4 days

ANTECEDENT CAUSES

(B)
DUE TO

Arteriosclerosis

?

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Marked prostatic hypertrophy

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/5, 1953 to 6/5, 1953 that I last saw the
deceased alive on 6/5, 1953 and that death occurred at 11 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Nelson Hoffman

M. D.

23B. ADDRESS

846 W. 36th St

23C. DATE SIGNED

6-7-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/8/53

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Paul E. Schenck, 3615 17th St.

ADDRESS

01/2/23

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 5270

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SILVERMAN, Solomon.

2. DATE
OF
DEATH

June 6th 1953.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hospital of Balto.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 13-01

c. Length of stay in Baltimore

65 Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

Riviera Apts 901 LAKE DR.

5. SEX

M

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married.

8. DATE OF BIRTH

9. AGE (in years last birthday)

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

78

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Manufacturer

10B. KIND OF BUSINESS OR INDUSTRY

Shirts

11. BIRTHPLACE (State or foreign country)

Lith

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

not known

14. MOTHER'S MAIDEN NAME

not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Harriah Silverman - Same

18. 443X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

Cerebral thrombosis.

Hypertensive Cardiovascular Disease.

Cardiac failure and arrhythmia.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from June 6th, 1953 to June 6th, 1953 that I last saw the deceased alive on June 6th, 1953 and that death occurred at 9:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

D. Bankowsky

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

6/6/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6-7-1953

24C. NAME OF CEMETERY OR CREMATORY

Arlington 50 Balto

24D. LOCATION (City, town, or county) (State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 7 1953

Huntington Ave. 3051 East Lehigh - 2100 Baltimore Md

RECEIVED

DEPT. OF THE ARMY

WASHINGTON, D. C.

OFFICE OF THE ADJUTANT GENERAL

ADJUTANT GENERAL'S OFFICE

ADJUTANT GENERAL'S OFFICE

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ADJUTANT GENERAL'S OFFICE

F-520
53 5271BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5271
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NATHAN FINK

2. DATE
OF
DEATH

JUNE 5, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

LUTHERAN HOSPITAL OF MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

15-11

c. Length of stay in Baltimore

40

D. STREET ADDRESS (If rural, give location)

4027 Hilton Road

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

APRIL 29, 1904

9. AGE (In years
last birthday)

49

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

SALESMAN

10B. KIND OF BUSINESS OR
INDUSTRY

retail

11. BIRTHPLACE (State or foreign country)

AUSTRIA

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Carl Fink

14. MOTHER'S MAIDEN NAME

Rebecca

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Bessie Fink - same

18. 420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

DUE TO

DUE TO

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(A) MYOCARDIAL INFARCTION

(B) ACUTE CORONARY OCCLUSION

(C) HYPERTENSIVE ARTERIOSCLEROTIC
CARDIOVASCULAR DISEASEINTERVAL BETWEEN
ONSET AND DEATH

2 WEEKS

2 WEEKS

Indefinite
No. of
years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE 5, 1953 to JUNE 5, 1953 that I last saw the
deceased alive on 9:40 AM JUNE 5, 1953 and that death occurred at 9:40 m., from the causes and on the date stated above.

23A. SIGNATURE

William D. Rosson

23B. ADDRESS

Leetham Hosp

23C. DATE SIGNED

6/5/53

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

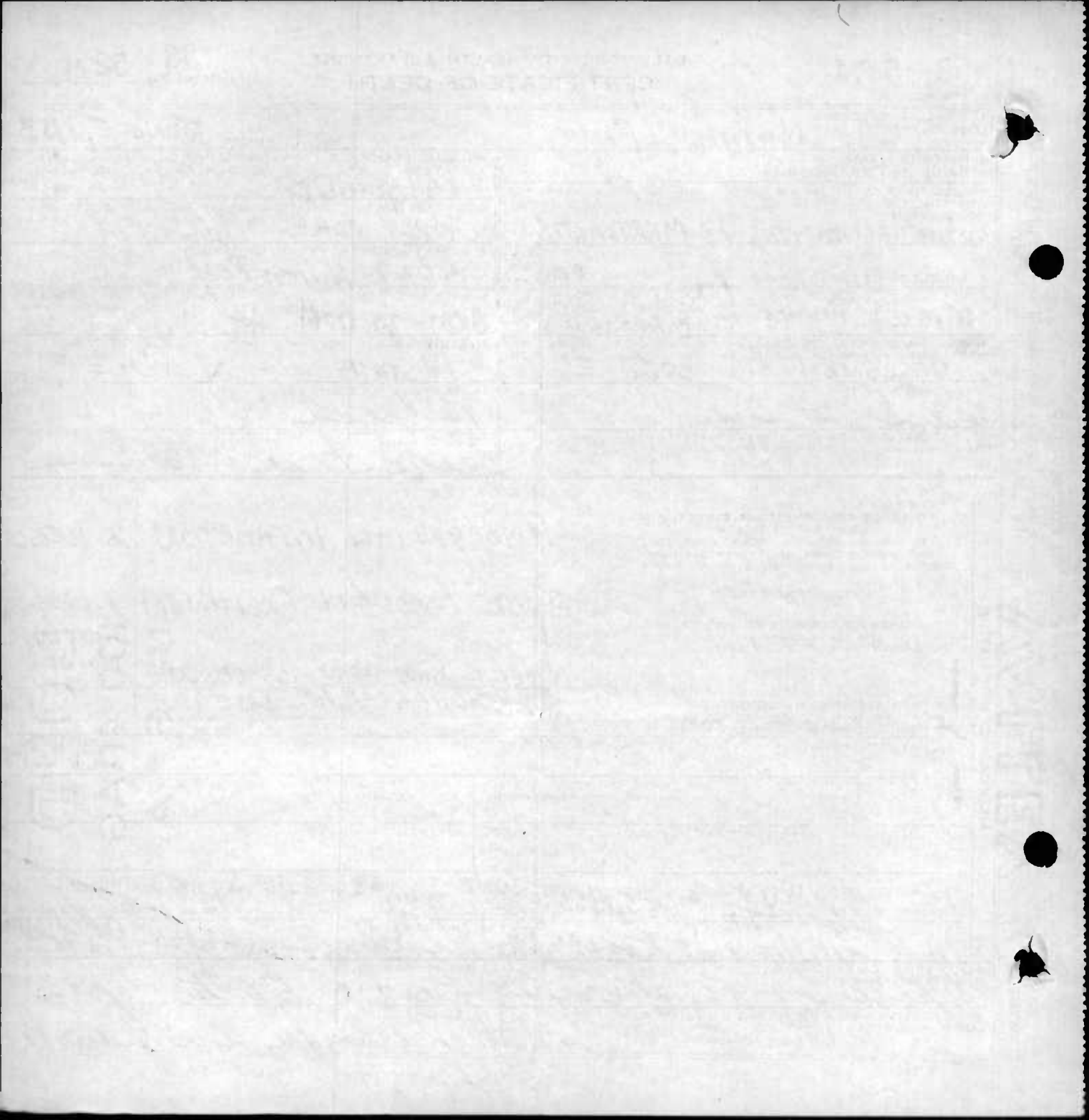
ADDRESS

JUN 7 1953

Huntington Williams

Jack Lewis

2100 Eutaw St



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 5272

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Philip Chasin

2. DATE
OF
DEATH

6/6/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Kinsai Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore, Md

D. STREET ADDRESS (If rural, give location)

4309 Miami Place

c. Length of stay in Baltimore

40

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

9. AGE (In years

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

66

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Tailor

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

U.S.G.

13. FATHER'S NAME

Not known

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Theodore Waramby- 4705 Duwall Ave

18. 576x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Generalized peritonitis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Bronchial Asthma, ASCVD

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/6 1953 to 6/6 1953 that I last saw the deceased alive on 6/6 1953 and that death occurred at 11 p.m., from the causes and on the date stated above.

23A. SIGNATURE

C. J. Maser

M. D.

23B. ADDRESS

Kinsai Hosp.

23C. DATE SIGNED

6/6/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6-8-1953

24C. NAME OF CEMETERY OR CREMATORY

Oreadale

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

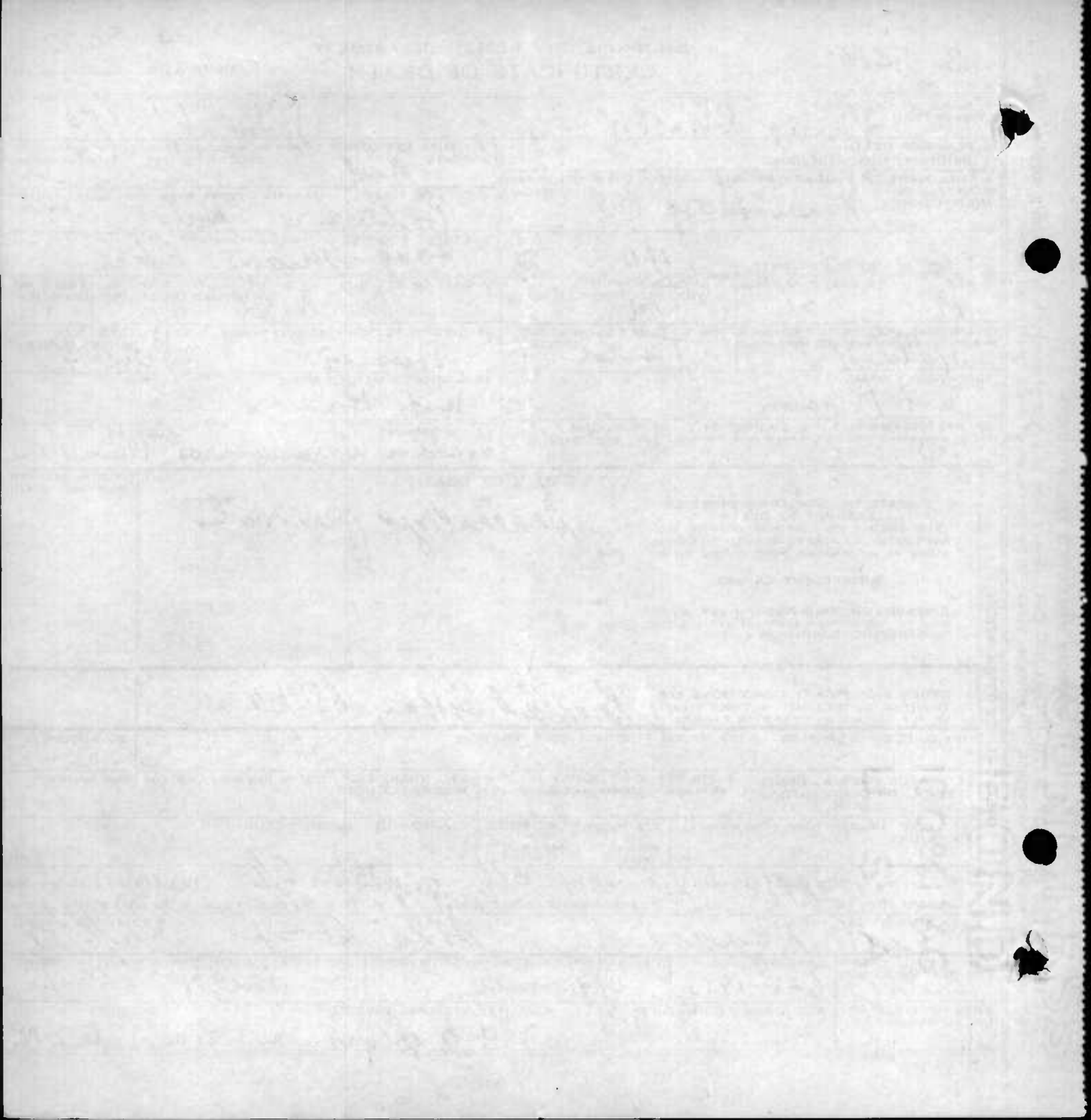
ADDRESS

Leagus Inc - 2100 Eastern Pl

JUN 7 1953

VS 150

5906E



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5273

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY GERSTEIN

2. DATE
OF
DEATH

JUNE 6, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

346 E. BELVEDERE AVE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTO.

27-16

C. Length of stay in Baltimore

40

Yrs.
Mos.
Dys.

D. STREET ADDRESS (If rural, give location)

3015 WYLIE AVE

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

FEMALE

WHITE

MARRIED

49

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

HOUSE WIFE

RUSSIA

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

SIMON ROTHSTEIN

TANNIE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

SOL GERSTEIN - 3015 WYLIE AVE

18. 445X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK22. I hereby certify that I attended the deceased from June 5, 1953, to June 6, 1953, that I last saw the
deceased alive on June 6, 1953, and that death occurred at 7:48 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

D. Allan Spier

M. D.

4408 Loch Raven Blvd

June 7, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

BURIAL

6-7-1953

Windsor Hill Rd BALTO

MD

DATE RECEIVED BY
LOCAL REGISTRAR

Huntington Williams Jack Lewis Inc - 2100 Eutan PL

Dr. A. Speer

4408 Lock Raven Blvd.

HO-7-8131

10 AM

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 5274

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5274
Registered No.

1. NAME OF DECEASED (Type or Print) MR. IRVIN McCLOSKEY			2. DATE OF DEATH 6-6-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Howard		
B. FULL NAME OF (If not in hospital or institution, give street address or location) ST. Agnes Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) Ellicott City - Md.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3-24-89		9. AGE (In year, last birthday) 66 If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10B. KIND OF BUSINESS OR INDUSTRY Farm Owner	11. BIRTHPLACE (State or foreign country) Buffalo New York		12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Neil McCloskey			14. MOTHER'S MAIDEN NAME Susan Gettuse		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 217-11-2328	17. INFORMANT ADDRESS Emily McCloskey Ellicott City Md		
18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia DUE TO Intra Cerebral Hemorrhage. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arterioscl. Cardio Vasc. DUE TO Renal Disease			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 6-6-53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-1-53 to 6-6-53 , that I last saw the deceased alive on 6-6-53 , and that death occurred at 3:15 Am. from the causes and on the date stated above.					
23A. SIGNATURE Harry A. Trigg		23B. ADDRESS St. Agnes Hosp		23C. DATE SIGNED 6-6-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-8-53		24C. NAME OF CEMETERY OR CREMATORY Quind Ridge	
24D. LOCATION (City, town, or county) Pikesville Md		24E. REGISTRAR'S SIGNATURE Huntington Williams, M.D.			
24F. DATE RECEIVED BY LOCAL REGISTRAR JUN 7 1953		24G. FUNERAL DIRECTOR ADDRESS F. C. Higginbotham Ellicott City Md			

83-554

11/10/54

UNITED STATES DEPARTMENT OF JUSTICE

11/10/54

NEW YORK

11/10/54

NY

RE: JAMES EARL RAY

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mary Henry

2. DATE
OF
DEATH

6/6/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore, city

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1511 Presser Ct.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Baltimore 15-01

D. STREET ADDRESS (If rural, give location)

1511 Presser Ct.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

1871

9. AGE (In years
last birthday)

82

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Samuel Black

14. MOTHER'S MAIDEN NAME

Sarah Black

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Ida Coleman Daughton

18. 422.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH 1511 Presser Ct.

Myocardial Insufficiency

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Peripheral Vascular Disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1952, to June 6, 1953, that I last saw the
deceased alive on June 6, 1953 and that death occurred at 9:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Guthrie B. Benjuly

23B. ADDRESS

722 N. Fulton Ave

23C. DATE SIGNED

6/6/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Rural

24B. DATE

June 11/53

24C. NAME OF CEMETERY OR CREMATORY

Stablesbury Md.

24D. LOCATION (City, town, or county) (State)

Easton Shore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

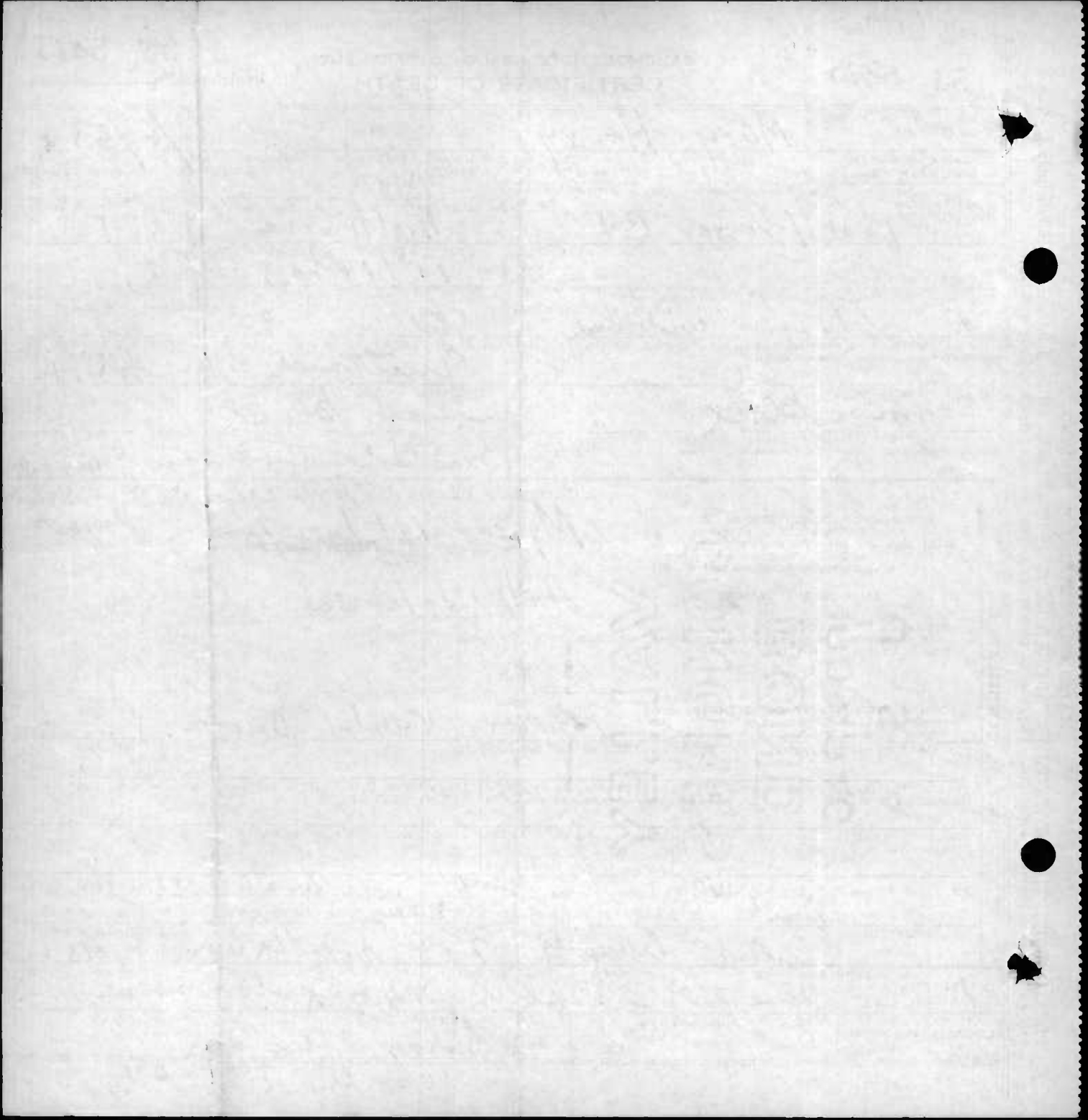
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Oleg O Wilson

1000 Brantley Ave



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jacob B. Cahn

2. DATE OF DEATH June 6, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Temple Garden Apts

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY Temple Garden Apt.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Maryland 13-01

D. STREET ADDRESS (If rural, give location) Madison & Cloverdale Road

c. Length of stay in Baltimore

life

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

June 28, 1868

9. AGE (in years last birthday)

84

If Under 1 Year Months: Days Hours: Min.

5 9

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?
U.S.

13. FATHER'S NAME

Bernard CAHN

14. MOTHER'S MAIDEN NAME

Hannah Gutman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Calvert J. Cahn, Temple Gardens

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary Occlusion

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Coronary Artery Disease
Atherosclerotic Heart Disease

15 yrs.

15 yrs.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Calcific Aortic Stenosis

15 yrs.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3 June, 1953, to 6 June, 1953, that I last saw the deceased alive on 6 June, 1953, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

H. Ann Prindle

23B. ADDRESS

Emerson Apts.

23C. DATE SIGNED

7 June 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

June 8, 1953

24C. NAME OF CEMETERY OR CREMATORY

Balto. Hebrew

24D. LOCATION (City, town, or county) (State)

Belair Rd. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

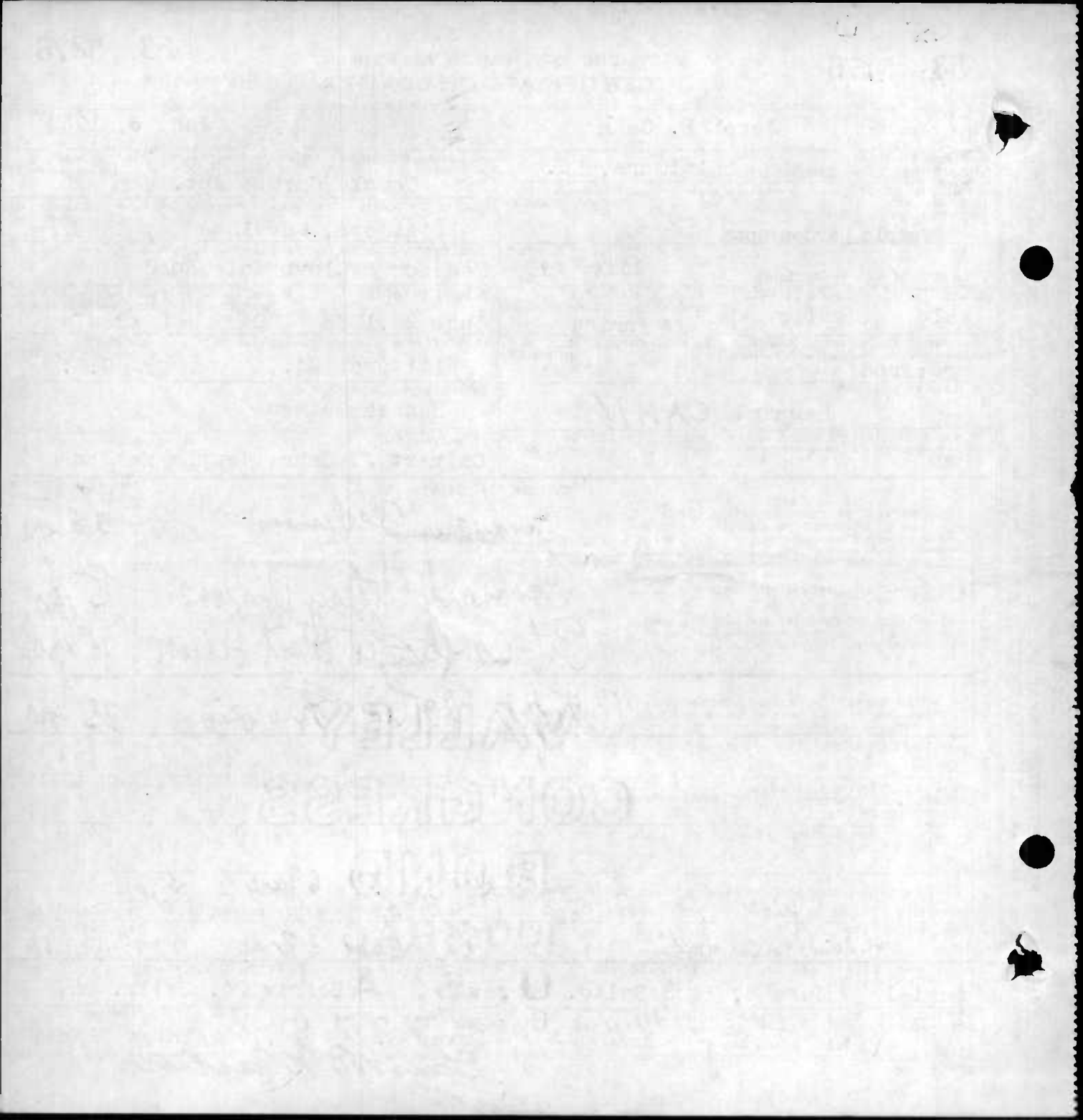
25. FUNERAL DIRECTOR

ADDRESS

David R. Martin, 1902 Eutaw Place

David R. Martin

JUN 7 1953



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 5277

BIRTH NO.

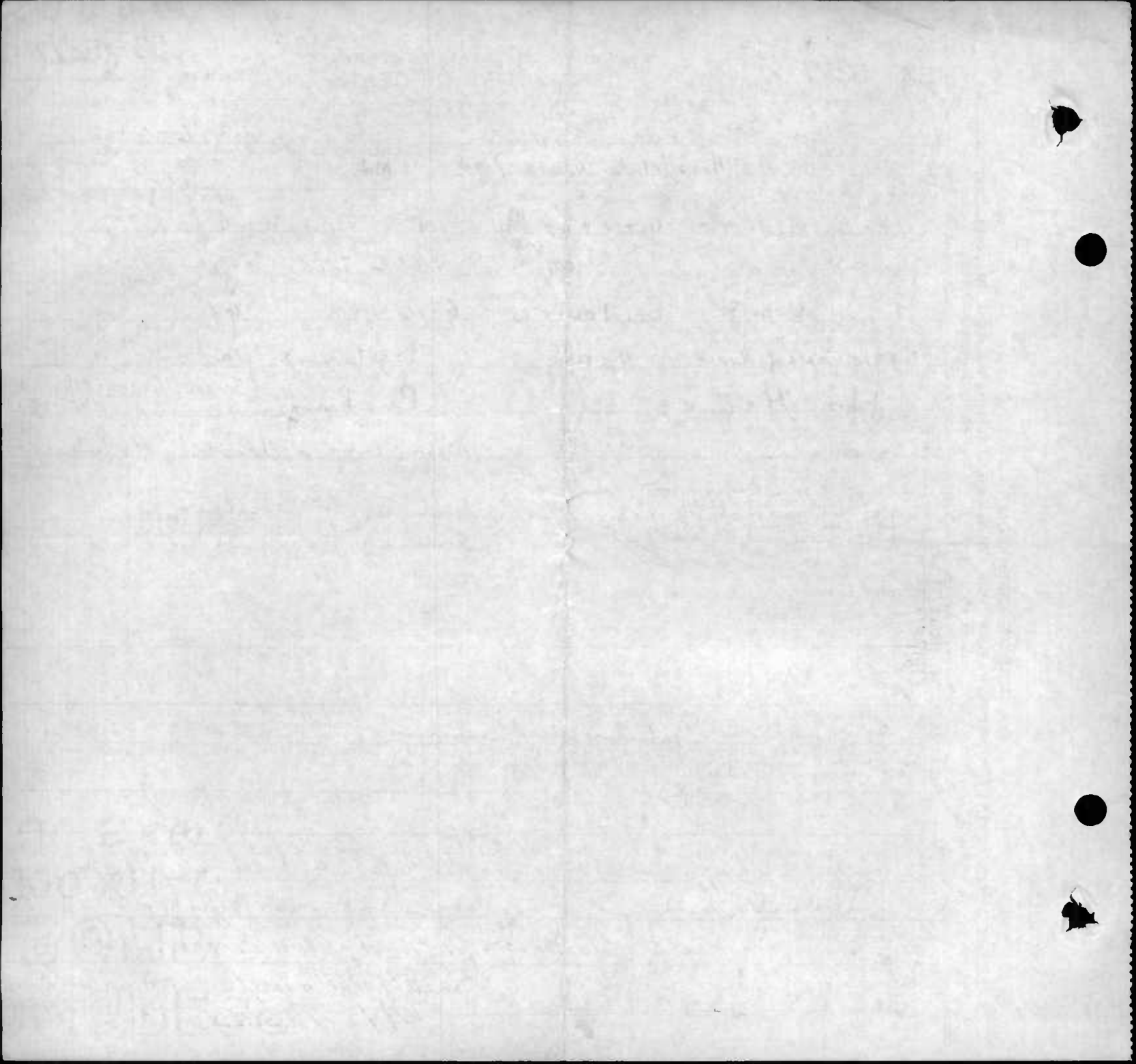
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 5277

1. NAME OF DECEASED (Type or Print) <i>Mrs Rebecca Sibbs (Hewes)</i>		2. DATE OF DEATH <i>6-6-53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Hospital for Women of Md.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>CITY</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>The Hospital for Women of Md.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 14-01</i>	
C. Length of stay in Baltimore <i>2 1/2</i> Yrs. Mo. Days		D. STREET ADDRESS (If rural, give location) <i>1606 Mt. Royal Ave</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>6-16-1888</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Registered Nurse</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Nurse</i>	
11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>John Hewes</i>		14. MOTHER'S MAIDEN NAME <i>Cushing (Frances Cromwell Cushing)</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>Unknown</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Miss Frances Hewes</i>		ADDRESS <i>407 Calverton Road</i>	
18. <i>570.5</i> CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>Intestinal Distention</i> DUE TO <i>Intestinal adhesions</i>			
ANTECEDENT CAUSES (B) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>5/21/53</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>Intestinal adhesions</i>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>5/17/53</i> to <i>6/6/53</i> , that I last saw the deceased alive on <i>6/6/53</i> , and that death occurred at <i>4:40 p.m.</i> , from the causes and on the date stated above.	
23A. SIGNATURE <i>Osbert Hughes</i>		23B. ADDRESS <i>W. M. D. W. M. D. W. M. D.</i>	
23C. DATE SIGNED <i>6/6/53</i>		24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24B. DATE <i>6-9-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore National</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>		25. FUNERAL DIRECTOR <i>John O. Mitchell & Sons, Inc.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 1 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington</i>	
VS 150		ADDRESS <i>1900 Eutaw Place</i>	
		<i>7113 Mitchell</i>	

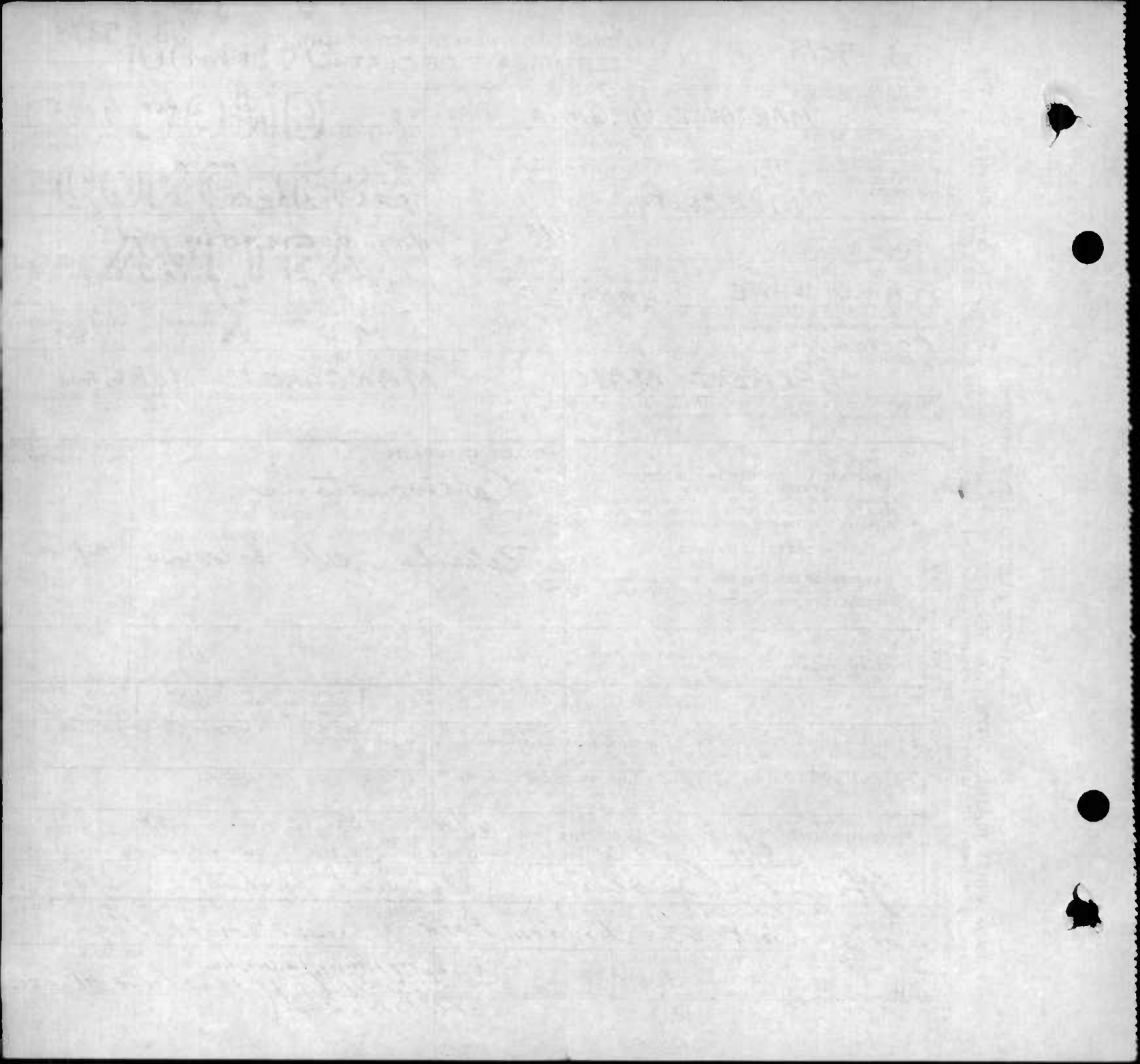
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				78		53 5278	
CERTIFICATE OF DEATH				Registered No.			
BIRTH NO.							
1. NAME OF DECEASED (Type or Print) MARGARET VIRGINIA BAYLEY				2. DATE OF DEATH JUNE 4, 1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY none			
5. FULL NAME OF (If not in hospital or institution, give street address or location) UNIVERSITY				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 20-07			
c. Length of stay in Baltimore life Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 409 NORMANDY AVE.			
6. SEX FEMALE	7. COLOR OR RACE WHITE	8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	9. DATE OF BIRTH JUNE 23, 1915		10. AGE (In years, last birthday) 37		11. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MD		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME HERBERT MAYO			14. MOTHER'S MAIDEN NAME MARGARET MORGAN				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS		
18. 200.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Carcinomatosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Reticulum cell sarcoma Oct '52 DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH Oct '52			
19A. DATE OF OPERATION 7		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		21G. DATE SIGNED 6/4/53		21H. ADDRESS University Hospital	
22. I hereby certify that I attended the deceased from 6/4 19 53 , to 6/4 19 53 , that I last saw the deceased alive on 6/4 19 53 , and that death occurred at 5:00 p.m. , from the causes and on the date stated above.				23. DATE SIGNED 6/4/53			
23A. SIGNATURE Henry E. Langenfelter		23B. ADDRESS University Hospital		23C. DATE SIGNED 6/4/53		23D. ADDRESS 1900 Eutaw Place	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-8-53		24C. NAME OF CEMETERY OR CREMATORY Loudon Park		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 7 1953		REGISTRAR'S SIGNATURE Huntington Harrison, Md.		25. FUNERAL DIRECTOR John A. P. & Sons, Inc.		ADDRESS 7115 Mitchell	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 5279**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY CRAIG

2. DATE
OF
DEATH

JUNE 4, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **MARYLAND** B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

MERCY HOSPITAL, INC.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 20-02

C. Length of stay in Baltimore

LIFE

D. STREET ADDRESS (If rural, give location)

2215 W. FAYETTE ST.

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

AUG 21, 1980

9. AGE (In years last birthday)

72

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Ind.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

PATRICK DORSEY

14. MOTHER'S MAIDEN NAME

CATHERINE O'BRIEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

HOSPITAL RECORDS

18. **159X and 260X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

GASTRO-INTESTINAL CARCINOMA WITH METASTASES

6 MOS.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

DIABETES MELLITUS

YEARS

19A. DATE OF OPERATION

JAN. 19, 1953

19B. MAJOR FINDINGS OF OPERATION

ABDOMINAL CARCINOMATOSIS

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **JUNE 2, 1953** to **JUNE 4, 1953** that I last saw the deceased alive on **JUNE 4, 1953** and that death occurred at **10:55 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Joseph J. Nichols

M. D.

23B. ADDRESS

Mary Hospital

23C. DATE SIGNED

6-4-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

6-9-53

24C. NAME OF CEMETERY OR CREMATORY

St. Peter's Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Ind.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. Kingston Williams

25. FUNERAL DIRECTOR

George A. Guly

ADDRESS

Catonville, Ind.

MASSACHUSETTS DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of funeral director		12. Signature of coroner	
13. Signature of undertaker		14. Signature of cemetery		15. Signature of burial place		16. Signature of interment	
17. Signature of crematorium		18. Signature of cremation		19. Signature of cremation		20. Signature of cremation	
21. Signature of cremation		22. Signature of cremation		23. Signature of cremation		24. Signature of cremation	
25. Signature of cremation		26. Signature of cremation		27. Signature of cremation		28. Signature of cremation	
29. Signature of cremation		30. Signature of cremation		31. Signature of cremation		32. Signature of cremation	
33. Signature of cremation		34. Signature of cremation		35. Signature of cremation		36. Signature of cremation	
37. Signature of cremation		38. Signature of cremation		39. Signature of cremation		40. Signature of cremation	
41. Signature of cremation		42. Signature of cremation		43. Signature of cremation		44. Signature of cremation	
45. Signature of cremation		46. Signature of cremation		47. Signature of cremation		48. Signature of cremation	
49. Signature of cremation		50. Signature of cremation		51. Signature of cremation		52. Signature of cremation	
53. Signature of cremation		54. Signature of cremation		55. Signature of cremation		56. Signature of cremation	
57. Signature of cremation		58. Signature of cremation		59. Signature of cremation		60. Signature of cremation	
61. Signature of cremation		62. Signature of cremation		63. Signature of cremation		64. Signature of cremation	
65. Signature of cremation		66. Signature of cremation		67. Signature of cremation		68. Signature of cremation	
69. Signature of cremation		70. Signature of cremation		71. Signature of cremation		72. Signature of cremation	
73. Signature of cremation		74. Signature of cremation		75. Signature of cremation		76. Signature of cremation	
77. Signature of cremation		78. Signature of cremation		79. Signature of cremation		80. Signature of cremation	
81. Signature of cremation		82. Signature of cremation		83. Signature of cremation		84. Signature of cremation	
85. Signature of cremation		86. Signature of cremation		87. Signature of cremation		88. Signature of cremation	
89. Signature of cremation		90. Signature of cremation		91. Signature of cremation		92. Signature of cremation	
93. Signature of cremation		94. Signature of cremation		95. Signature of cremation		96. Signature of cremation	
97. Signature of cremation		98. Signature of cremation		99. Signature of cremation		100. Signature of cremation	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Beard, Rutland*2. DATE
OF
DEATH*7 June 1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*Union Memorial Hospital*

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Catonsville 8352

D. STREET ADDRESS (If rural, give location)

5637 Balto. National Pike

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

*W*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Married*

8. DATE OF BIRTH

*APRIL 18, 1886*9. AGE (In years
last birthday)*67*If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Florist*10B. KIND OF BUSINESS OR
INDUSTRY*Florist*

11. BIRTHPLACE (State or foreign country)

*M.D.*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

*EDWARD**(R)*

14. MOTHER'S MAIDEN NAME

*GENEVEGA FARBER*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*no*16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Mrs. Annie M. Beard, 5637 Balto. Pike*18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Myocardial Infarction*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Coronary Thrombosis*

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.(C) *Generalized Arteriosclerosis*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6 June, 1953* to *7 June, 1953*, that I last saw the
deceased alive on *7 June, 1953*, and that death occurred at *12:25 Am.*, from the causes and on the date stated above.

23A. SIGNATURE

Thos. G. E. Mowley, Jr.

M. D.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

*7 June 53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

6-10-53

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

24D. LOCATION (City, town, or county)

Woodlawn

(State)

*Md.*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Geo. Farley

ADDRESS

Catonsville Md.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH.

53 5281
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Samuel Matarozzior Samy Materazzo

2. DATE
OF
DEATH

6/5/53

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Sinai Hospital of Baltimore, Inc.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

3-02

5. Length of stay in Baltimore

44 Yrs

D. STREET ADDRESS (If rural, give location)

13 S. High St. #2.

6. SEX

M

7. COLOR OR RACE

W

8. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

9. DATE OF BIRTH

5/8/91

10. AGE (In years
last birthday)

62

11. Under 1 Year
Months: Days

12. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR
INDUSTRY

Restaurant

11. BIRTHPLACE (State or foreign country)

Italy.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Antonio Matarozza

14. MOTHER'S MARDEN NAME

Carmela

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

217-03-6427

17. INFORMANT

*Essex Md.
Tony Matarozza 727 Eastern Ave*

18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) *Acute Coronary Thrombosis*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) *Congestive Heart Failure
Arteriosclerotic cardiovascular disease
with aneurysm of ascending aorta.*

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6/3/53*, 1953 to *6/5*, 1953 that I last saw the
deceased alive on *6/5*, 1953, and that death occurred at *4:10pm.*, from the causes and on the date stated above.

23A. SIGNATURE

Stanley C. Rubin

M. D.

23B. ADDRESS

Sinai Hosp. of Balto

23C. DATE SIGNED

6/5/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 8 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county) (State)

4430 Belair Rd.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Gravella Della Noce

ADDRESS

322 S. High St

VS 150

7546M

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5282
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RUTH PAULINE SINNOTT

2. DATE
OF
DEATH

June 7, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Harroll

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Union Bridge

D. STREET ADDRESS (If rural, give location)

5600

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

March 4, 1903

9. AGE (In years
last birthday)

49

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Charles Gerard

14. MOTHER'S MAIDEN NAME

Fannie Morningstar

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

James Z. Sinnott Jr.

Union Bridge

18. 572.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary Embolism

DUE TO

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Pelvic Thrombophlebitis

DUE TO

(C) diverticulitis / colon with
abscess formation.OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from May 27, 1953 to June 7, 1953 that I last saw the
deceased alive on June 7, 1953 and that death occurred at 2:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. B. Brooke

M. D.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

June 7, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

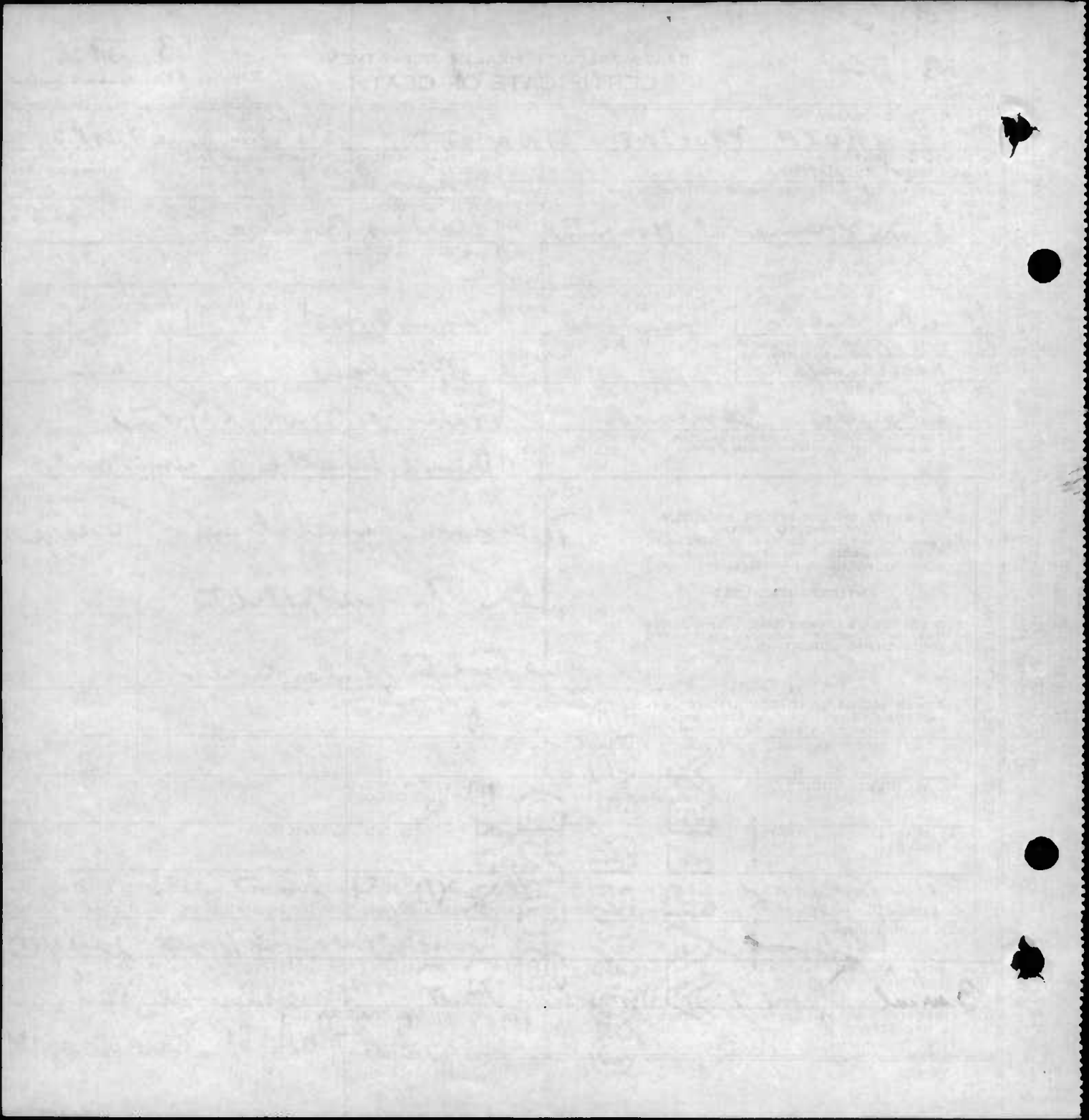
(State)

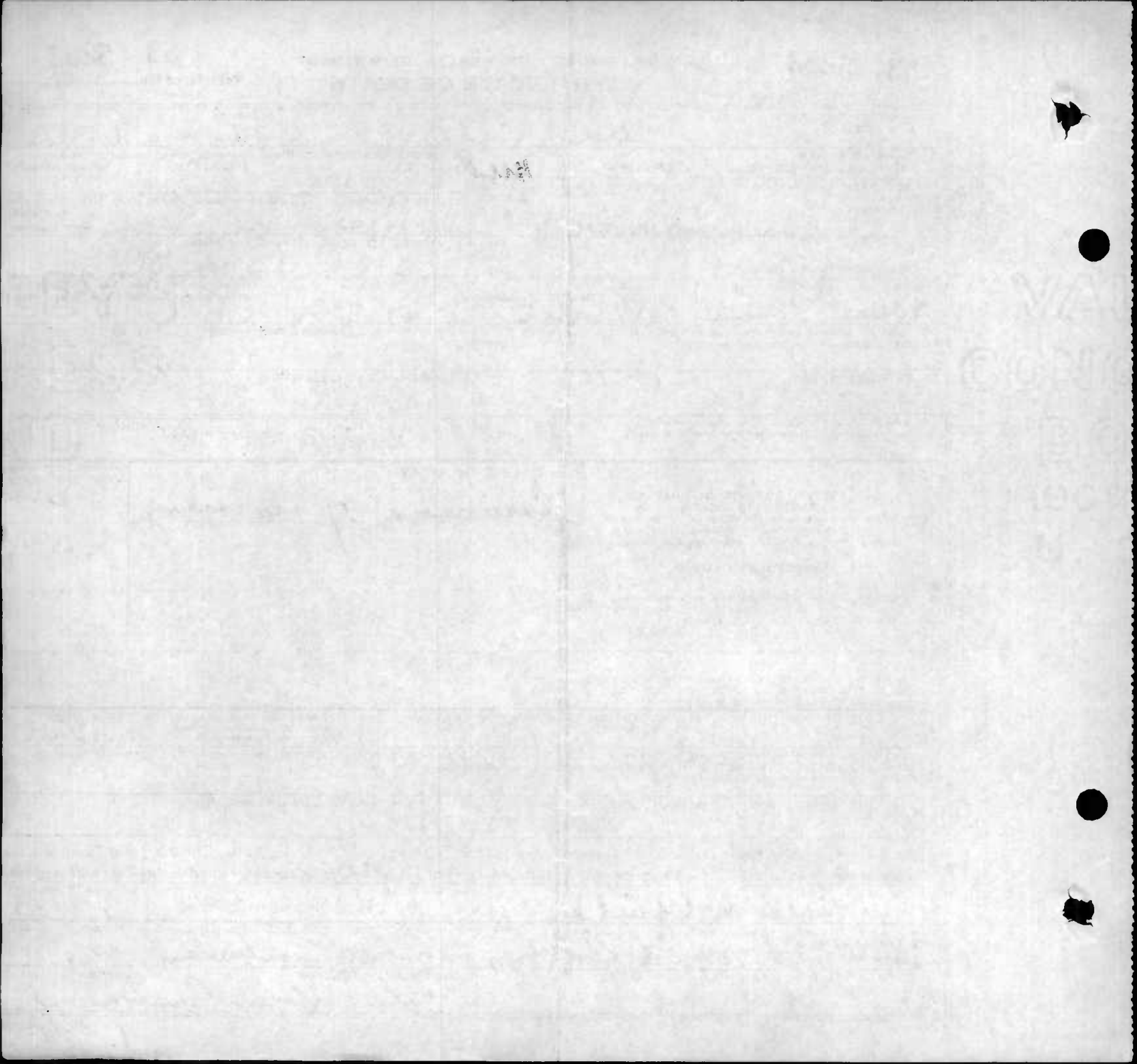
24A. BURIAL, CREMA-
TION, REMOVAL (Specify)DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



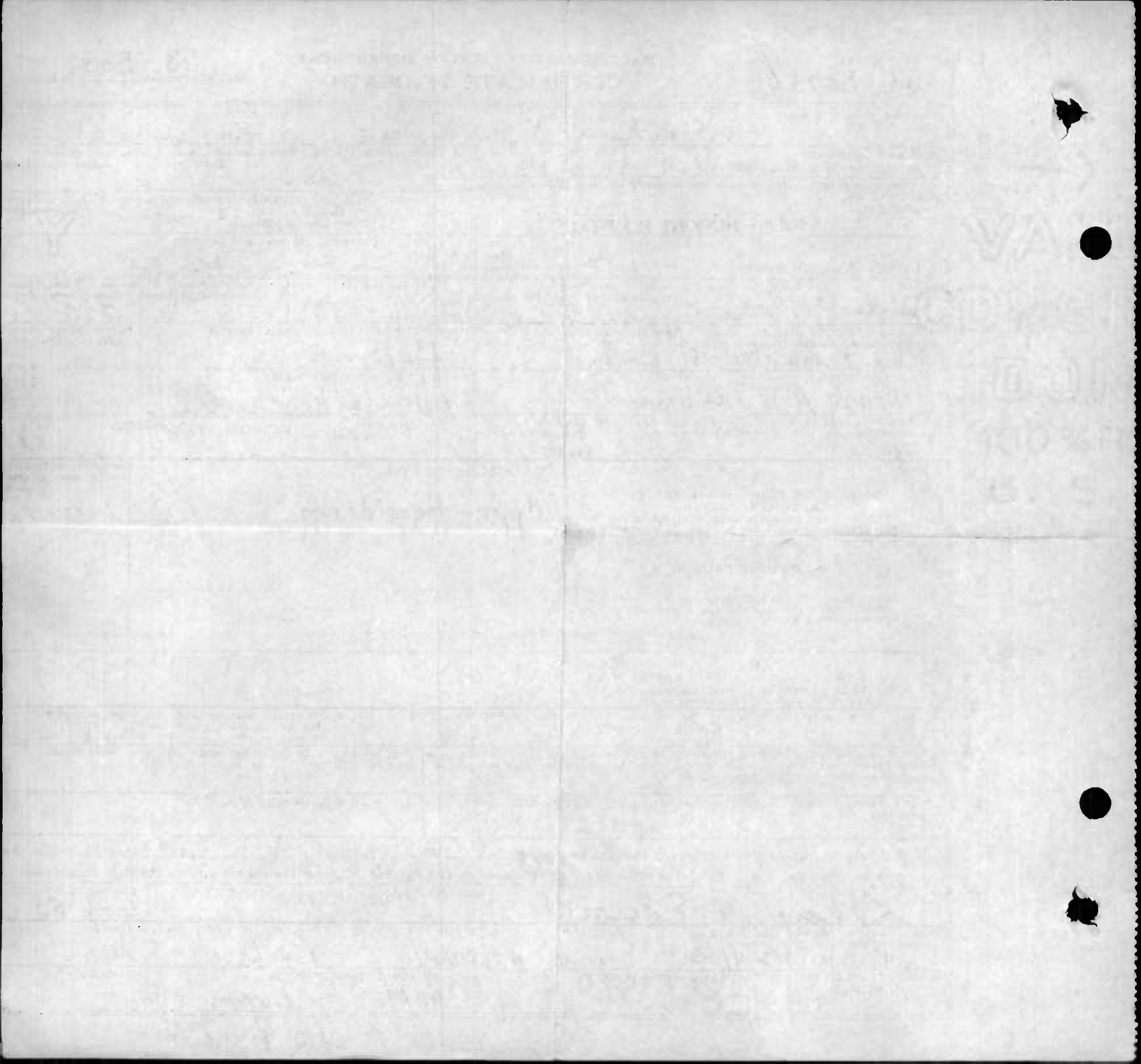


MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-255

BALTIMORE CITY HEALTH DEPARTMENT				53 5284	
CERTIFICATE OF DEATH				Registered No. 53 5284	
1. NAME OF DECEASED (Type or Print)		Dorothy Bachman		2. DATE OF DEATH June 6, 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland		b. Full Name of Hospital or Institution JOHNS HOPKINS HOSPITAL		4. USUAL RESIDENCE (Where deceased lived before admission) a. STATE: Md. b. COUNTY: Baltimore	
c. Length of stay in Baltimore 1 yr		d. STREET ADDRESS (If rural, give location) 1926 E. 30th St		e. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 9-06	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 7-16-1881	9. AGE (In years last birthday) 71	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher (Retired)		10B. KIND OF BUSINESS OR INDUSTRY Balto		11. BIRTHPLACE (State or foreign country) Baltimore	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME HENRY A. Bachman		14. MOTHER'S MAIDEN NAME Elizabeth Schwartz	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT JOHNS HOPKINS HOSPITAL	
18. 252.0 I		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Hyperthyroidism		Unknown	
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 7		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-6, 1953, to 6-6, 1953, that I last saw the deceased alive on 6-6, 1953, and that death occurred at 6:25 a.m., from the causes and on the date stated above.					
23A. SIGNATURE George A. Edwards M.D.		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 6-6-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/9/53		24C. NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL	
24D. LOCATION (City, town, or county) BALTO		24E. LOCATION (State) MD		24F. DATE RECEIVED BY LOCAL REGISTRAR JUN 8 1953	
24G. REGISTRAR'S SIGNATURE Huntington Williams		24H. FUNERAL DIRECTOR CHARLES F. EVANS & SON		24I. ADDRESS 0938V 118 W. Mt. Royal Ave	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 5285
Registered No. 53 5285

1. NAME OF DECEASED (Type or Print) Frank Mankiewicz			2. DATE OF DEATH 6/5/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital of Baltimore, Inc.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 1-03		
c. Length of stay in Baltimore 46 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 603 S. Montford Ave. #24		
5. SEX M	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH 9/25/06	9. AGE (In years last birthday) 46	# Under 1 Year Months Days # Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Longshoreman		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore	
13. FATHER'S NAME Mathew Mankiewicz			14. MOTHER'S MAIDEN NAME Mary Mitras		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Helene Mankiewicz	
				ADDRESS	

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Myocardial Infarction		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic Heart Disease		(A) DUE TO			
		(B) DUE TO			
		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pneumonia.					

19A. DATE OF OPERATION 6/5		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/28/53 , 19 53 to 6/5 , 19 53 that I last saw the deceased alive on 6/5 , 19 53 . and that death occurred at 12:15 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Stanley C. Rubin		23B. ADDRESS Sinai Hosp. of Baltimore		23C. DATE SIGNED 6/5/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE June 9/53		24C. NAME OF CEMETERY OR CREMATORY Holy Rosary	
24D. LOCATION (City, town, or county) Baltimore		24E. NAME OF CEMETERY OR CREMATORY Baltimore		24F. LOCATION (City, town, or county) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR JUN 8		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		FURNERAL DIRECTOR'S SIGNATURE Fred W. Ozgowski	
				ADDRESS 94055 1930 E. Detroit Ave.	

288

10

RECEIVED OF THE
COMMISSIONER OF THE
GENERAL LAND OFFICE

1888



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct as especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 5286
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret Rogers

2. DATE
OF DEATH June 5/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

229 W. Lanvale St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

11-04

D. STREET ADDRESS (If rural, give location)

229 W. Lanvale St.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Oct. 29, 1851

9. AGE (In years last birthday)

101

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Nicholas Heubeck

14. MOTHER'S MAIDEN NAME

Helena Kreutzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 422.2

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cardiac Decompensation

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/1, 1953, 6/4, 1953, that I last saw the deceased alive on 6/4, 1953, and that death occurred at 10A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 8 1953

VS 150

Harry A. Witzke

4101 Edmondson Ave.

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

NOV 1968

38



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 5287

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bertha Louise Robinson

2. DATE
OF
DEATH

June 5, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1400 W. Lexington St.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

STATE

Maryland

COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

Aged Home and
Aged Men's Home

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 19-02

D. STREET ADDRESS (If rural, give location)

1400 W. Lexington St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept. 17, 1873

9. AGE (In years)

79

10. Under 1 Year

Months: Days

8 19

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Washington D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

David Francis Robinson

14. MOTHER'S MAIDEN NAME

Virginia Louise Conrad

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

L. H. Read

ADDRESS

1400 W. Lexington St.

18. 331X and 153X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

3 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Cerebrovascular disease

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma Cecum

3 mos

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan. 1950, to June 5, 1953, that I last saw the deceased alive on June 5, 1953, and that death occurred at 11:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Newland Edward Day

23B. ADDRESS

4-E-3328 St Balto

23C. DATE SIGNED

June 7, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/8/53

24C. NAME OF CEMETERY OR CREMATORY

Mount Olivet

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 8 1953

REGISTRAR'S SIGNATURE

H. F. Robinson

25. FUNERAL DIRECTOR

Wm Cook Inc, 1217 St. Paul St.

ADDRESS

CERTIFICATE OF DEATH

CAUSE OF DEATH

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

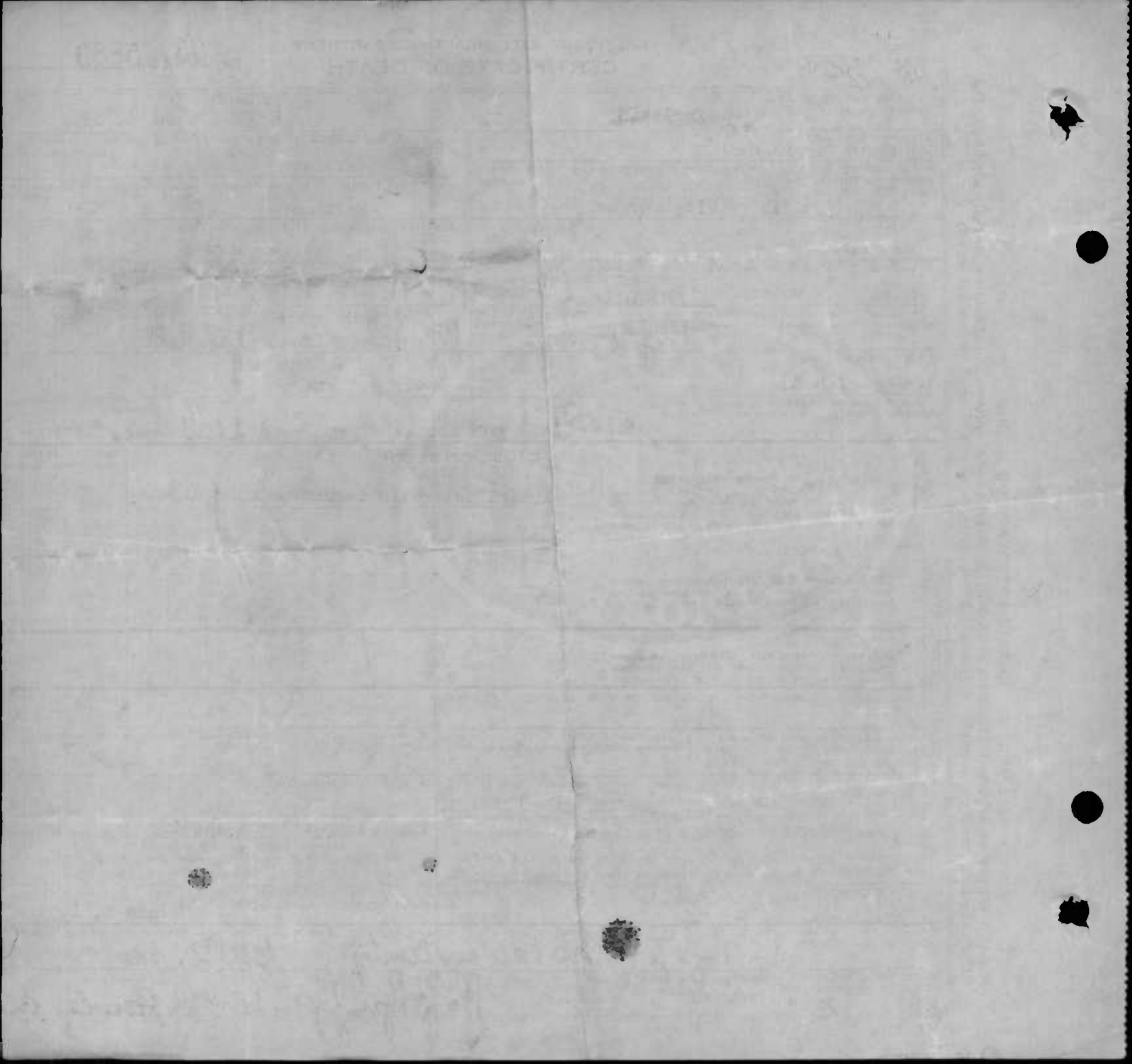
BIRTH NO. 53 5288				BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 53 5288			
1. NAME OF DECEASED (Type or Print) Sallie Starr						2. DATE OF DEATH June 6, 1953					
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓						4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY					
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital						C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-03					
C. Length of stay in Baltimore 20 Yrs. Mos. Days						D. STREET ADDRESS (If rural, give location) 2451 Calvert Street					
5. SEX F		6. COLOR OR RACE W		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Mar. 2, 1895		9. AGE (In years, last birthday) 58		10. Under 1 Year Months: Days	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress				10B. KIND OF BUSINESS OR INDUSTRY Clothing Mfg.				11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME William Johnson						14. MOTHER'S MAIDEN NAME Mary Willie Lawhorne					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)				16. SOCIAL SECURITY NO.		17. INFORMANT Frances Coates				ADDRESS Berlin Md.	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) I DUE TO Ruptured left ventricle ANTECEDENT CAUSES Myocardial infarction DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						CAUSE OF DEATH 5 min. INTERVAL BETWEEN ONSET AND DEATH					
19A. DATE OF OPERATION 7				19B. CONDITION FOR WHICH OPERATION WAS PERFORMED				IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)				21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6-4 , 19 53 to 6-6 , 19 53 , that I last saw the deceased alive on 6-6 , 19 53 , and that death occurred at 7 p.m. , from the causes and on the date stated above.											
23A. SIGNATURE Clarence E. Stennett						23B. ADDRESS University Hospital				23C. DATE SIGNED 6/7/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal				24B. DATE 6/8/53		24C. NAME OF CEMETERY OR CREMATORY Spring Hill				24D. LOCATION (City, town, or county) (State) Lynchburg Va.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 8 1953				REGISTRAR'S SIGNATURE Huntington				25. FUNERAL DIRECTOR Wm. J. McPherson			
								ADDRESS 1217 St. Paul St			

1. 3. 1952

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

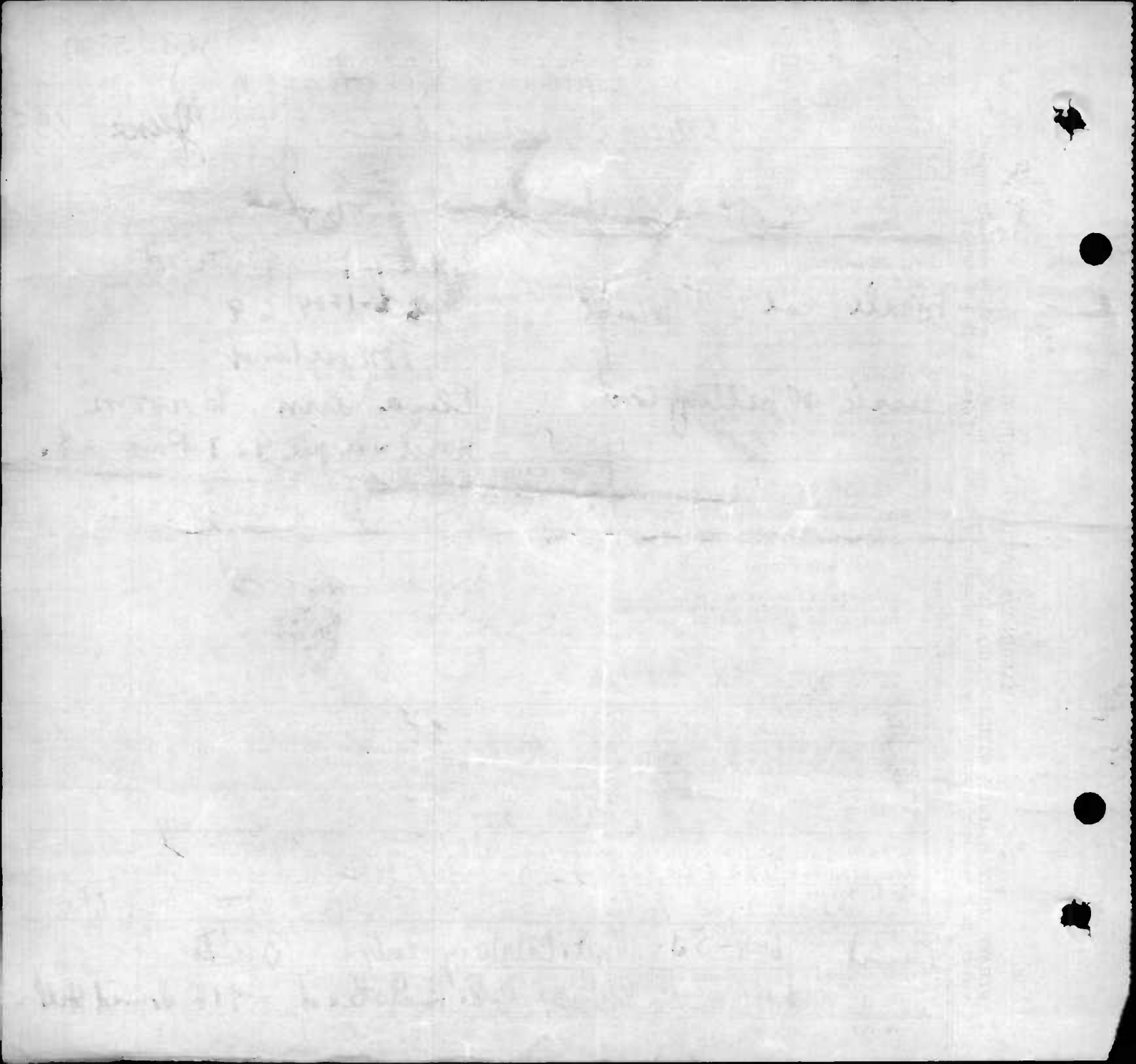
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 53 5289	
1. NAME OF DECEASED (Type or Print) Engleton GREEN			2. DATE OF DEATH June 4, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Morgue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 22-02		
c. Length of stay in Baltimore 49 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 821 Warner Street		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-16-1894	9. AGE (In years last birthday) 59	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY Rigger	11. BIRTH PLACE (State or foreign country) West Indian Island		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 218-01-8155	17. INFORMANT ADDRESS Susie Green - 821 Warner St		
18. 422.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William Updell</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED June 4, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 5-7-53		24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemtry	
24D. LOCATION (City, town, or county) (State) Balt., Md.		25. FUNERAL DIRECTOR ADDRESS W. B. Spriggs - 189 W. Hamlet St			
DATE RECEIVED BY LOCAL REGISTRAR JUN 8 1953		REGISTRAR'S SIGNATURE <i>Thurston</i>			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-514 53 5290		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 5290 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Mary E Sample		June 5-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN		D. STREET ADDRESS (If rural, give location)	
427 Pine St		Balto.		427 Pine Street	
c. Length of stay in Baltimore		5. SEX		6. COLOR OR RACE	
		Female		Col	
		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
		Widowed		Sept 6-1884	
		9. AGE (In years last birthday)		10. UNDER 1 Year	
		69		Months: Days	
		11. ETHNIC RACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
		Maryland			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Jessie Whittington		Elyza Ann Brown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
				Hazel Sample 427 Pine St.	
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
		(A) Cerebral Hemorrhage		2 days	
ANTECEDENT CAUSES		(B) Hypertension			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
0					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6/1/53, 19, to 6/5/53, 19, that I last saw the deceased alive on 6/5/53, 19, and that death occurred at 11:00 A.M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
William James		253 Gt St		6/6/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		6-8-53		Mt. Calvary Cmty	
24D. LOCATION (City, town, or county)		24E. FUNERAL DIRECTOR		ADDRESS	
Balto.		H. H. Halsey		915 W. Wood Hill	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE			
JUN 8 1953		Huntington Williams, M.D.			
VS 150					



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 5291**BIRTH No. **53 5291**1. NAME OF DECEASED
(Type or Print)**SARAH WOLFE**2. DATE OF DEATH **June 4, 1953**3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University HospitalC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1324 Pennsylvania Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Jan 1, 1893

9. AGE (in years last birthday)

60If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Seantress

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Washington, D. C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Samuel Stewart

14. MOTHER'S MAIDEN NAME

Mary ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Viola West 1917 Etting St.18. **581.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Post necrotic cirrhosis of liver**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Acute pyelonephritis with abscess formation, right**(C) **Pulmonary edema, bilateral**II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

June 5, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6-8-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem

24D. LOCATION (City, town, or county)

Baltimore, Md.

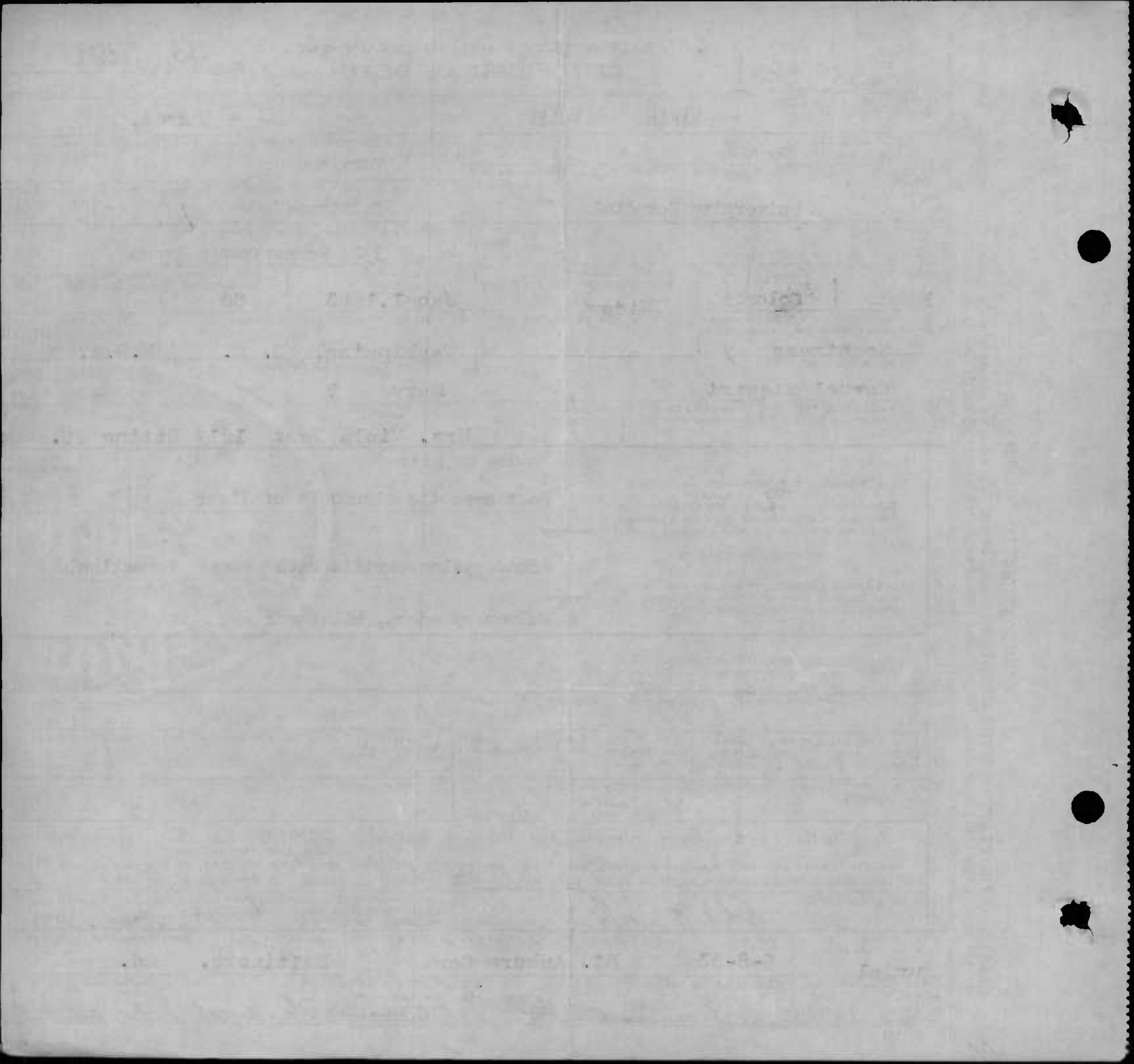
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5292
Registered No.

BIRTH NO. 53 5292

1. NAME OF DECEASED (Type or Print) FLORA LEVY			2. DATE OF DEATH JUNE 7, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
B. FULL NAME OF HOSPITAL OR INSTITUTION 4211 PIMLICO RD			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 15-13		
c. Length of stay in Baltimore 62 Yrs. Mos. Days			O. STREET ADDRESS (If rural, give location) 4211 PIMLICO RD		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH		9. AGE (in years last birthday) 80
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) RUSSIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME NOT KNOWN			14. MOTHER'S MAIDEN NAME HANNAH		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT HENRY D. LEVY - 2819 QUANTICO AVE		

18. 180X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypernephroma c metastases		INTERVAL BETWEEN ONSET AND DEATH 5yr-
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 1948		19B. MAJOR FINDINGS OF OPERATION Hypernephroma left kidney		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1948 , to 6/7/53 , 19__, that I last saw the deceased alive on 6/7/53 , 19__, and that death occurred at 4:45 pm. , from the causes and on the date stated above.					
23A. SIGNATURE Michael B. Kish M.D.		23B. ADDRESS 4320 Eutaw Place		23C. DATE SIGNED 6/8/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 6-8-1953		24C. NAME OF CEMETERY OR CREMATORY HERRING RUN	
		24D. LOCATION (City, town, or county) BALTIMORE MD			
DATE RECEIVED BY LOCAL REGISTRAR JUN 8 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Jack Lewis Inc - 2100 Eutaw PL.	

Kirsh
3001 Garrison Blvd
Moh 5062
930

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 5293
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) ANNA TROCK BERGER			2. DATE OF DEATH JUNE 7, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION DOCTORS Hosptl			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO.		
c. Length of stay in Baltimore 30 Yrs. <input type="checkbox"/> Mos. <input type="checkbox"/> Days <input type="checkbox"/>			D. STREET ADDRESS (If rural, give location) 4923 DENMORE AVE		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH		9. AGE (In years last birthday) 68 If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) POLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME NOT KNOWN			14. MOTHER'S MAIDEN NAME NOT KNOWN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS ALBERT KATZEN - 4923 DENMORE AVE		

MEDICAL CERTIFICATION

16. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) CEREBRAL HEMORRHAGE DUE TO (B) HYPERTENSION DUE TO (C) ARTERIOSCLEROSIS	INTERVAL BETWEEN ONSET AND DEATH 14 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6/5 1953 to 6/7/53 , 19____, that I last saw the deceased alive on 6/7/53 , 19____, and that death occurred at 2:26 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Emil R. Mason		23B. ADDRESS 4335 Paul Heights Rd		23C. DATE SIGNED 6/7/53	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6-8-1953	24C. NAME OF CEMETERY OR CREMATORY Mt Carmel	24D. LOCATION (City, town, or county) (State) Balto Md.
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS Frank Lewis Inc - 2100 Eutan Pl	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Mariner
4335 Park Hgts
707 6759
11 AM 11³⁰ AM

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J-250
53 5294BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 5294

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Jackson, Estelle White		2. DATE OF DEATH 6/4/53	
3. PLACE OF DEATH: a. Baltimore City, Maryland University Hospital		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MARYLAND b. COUNTY Baltimore City		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City	
b. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		d. STREET ADDRESS (If rural, give location) 1508 Brunt St		e. 14-02	
c. Length of stay in Baltimore life		Yrs. Mos. Days			
5. SEX F	6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 6/15/81	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY House Wife		9. AGE (In years last birthday) 72	
11. BIRTHPLACE (State or foreign country) Baltimore City		12. CITIZEN OF WHAT COUNTRY? USA.			
13. FATHER'S NAME James White		14. MOTHER'S MAIDEN NAME ELLA DAVIS			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 212-32-4390A		17. INFORMANT ADDRESS No Hospital Record	
18. 153X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Wide SPREAD CARCINOMA			
ANTECEDENT CAUSES		(B) Primary CARCINOMA of Sigmoid			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Overwhelming Peritonitis			
19a. DATE OF OPERATION 5/24/53		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED Perforation of Bowel		19c. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/24 , 19 53 , to 6/4 , 19 53 , that I last saw the deceased alive on 6/4 , 19 53 , and that death occurred at 11:30 A.M., from the causes and on the date stated above.					
23a. SIGNATURE C. W. Mc Grady		23b. ADDRESS University Hospital		23c. DATE SIGNED 6/4/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6/8/53		24c. NAME OF CEMETERY OR CREMATORY MT. CALVARY CEM.	
24d. LOCATION (City, town, or county) (State) A.A. COUNTY, MD.		24e. FUNERAL DIRECTOR CHAS. G. COOPER-512 CARROLLTON AV.		24f. ADDRESS	
24g. DATE RECEIVED BY LOCAL REGISTRAR		24h. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		24i. ADDRESS	
VS 150		Charles H. Cooper			

①

1/25/44
Thomas
Dawson

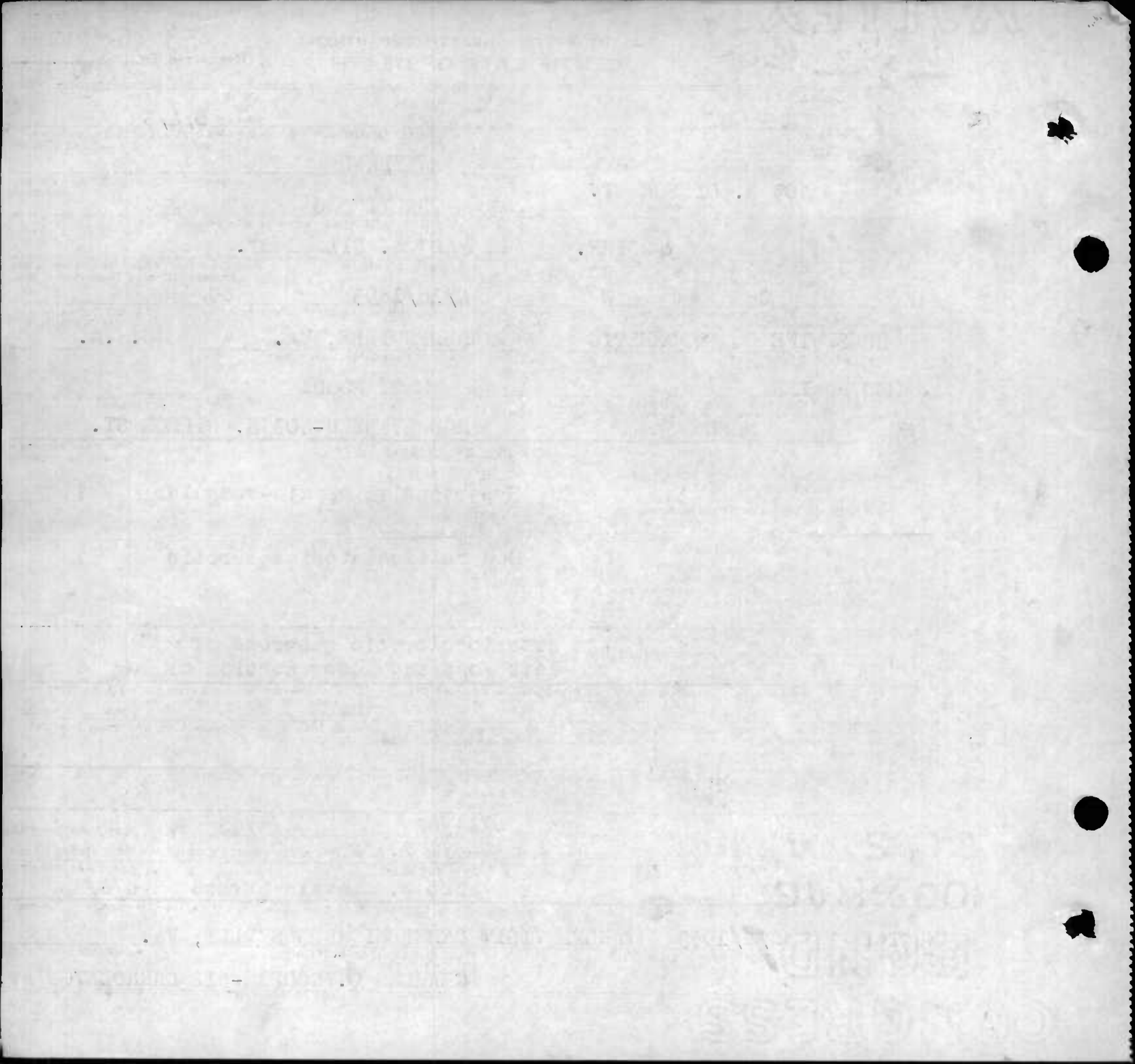
4854 3rd COMBAT BATTAL OVERSTREET VA

100000 100000 100000 100000 100000 100000 100000 100000 100000 100000

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-630 53 5295		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 5295 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) EMMA BYRD				2. DATE OF DEATH 6/4/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 403 N. GILMOR ST.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
c. Length of stay in Baltimore 20YRS.				D. STREET ADDRESS (If rural, give location) 403 N. GILMOR ST.	
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W		8. DATE OF BIRTH 4/16/1893	9. AGE (In years last birthday) 60 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY DOMESTIC		11. BIRTHPLACE (State or foreign country) DUNNSVILLE, VA.	
13. FATHER'S NAME JAMES BOWLER				12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service) NONE				14. MOTHER'S MAIDEN NAME MARY MOODY	
16. SOCIAL SECURITY NO.				17. INFORMANT ADDRESS ROBERT BYRD-403 N. GILMOR ST.	
18. 443X I CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				INTERVAL BETWEEN ONSET AND DEATH	
(A) Hypertensive cardio-vascular				?	
DUE TO					
ANTECEDENT CAUSES					
(B) Generalized atherosclerosis				?	
DUE TO					
(C)					
II Arteriosclerotic gangrene of left foot and lower portion of leg 6 wks					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/14/53 , 19__, to 6/4/53 , 19__, that I last saw the deceased alive on 5/14/53 , 19__, and that death occurred at 7.15P. , from the causes and on the date stated above.					
23A. SIGNATURE <i>Robert H. Cooper</i>		23B. ADDRESS 1325 W. Lanvale Street		23C. DATE SIGNED 6/6/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 6/8/1953		24C. NAME OF CEMETERY OR CREMATORY ANGEL VISIT CEMETERY	
24D. LOCATION (City, town, or county) (State) DUNNSVILLE, VA.		25. FUNERAL DIRECTOR ADDRESS CHARLES G. COOPER-512 CARROLLTON AV.			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Huntington Whittaker, Jr.</i>		VS 150 7208A	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 5296**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALBERT GREENWOOD

2. DATE
OF
DEATH

JUNE 6-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland **B**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

SOUTH BALTO GEN'L HOSP

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1122 STERRETT ST

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

FEB-12-1912

9. AGE (in years-
last birthday)

41

If Under 1 Year

Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SHIPPING CLERK BORECO WARE CO

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF

WHAT COUNTRY?

U.S.

13. FATHER'S NAME

LOUIS GREENWOOD

14. MOTHER'S MAIDEN NAME

NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

318-01-4401

17. INFORMANT

ADDRESS

IDA GREENWOOD-1122 STERRETT ST

18. **420.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

7 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **6-2-53**, 19__, to **6-6-53**, 19__, that I last saw the deceased alive on **6-4**, 19**53** and that death occurred at **7^{PM}** from the causes and on the date stated above.

23A. SIGNATURE

Nathan Roemer

M. O.

23B. ADDRESS

206 S. Gilman St

23C. DATE SIGNED

6-8-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL JUNE 9-53 CEDAR HILL GEN. A.A. CO.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

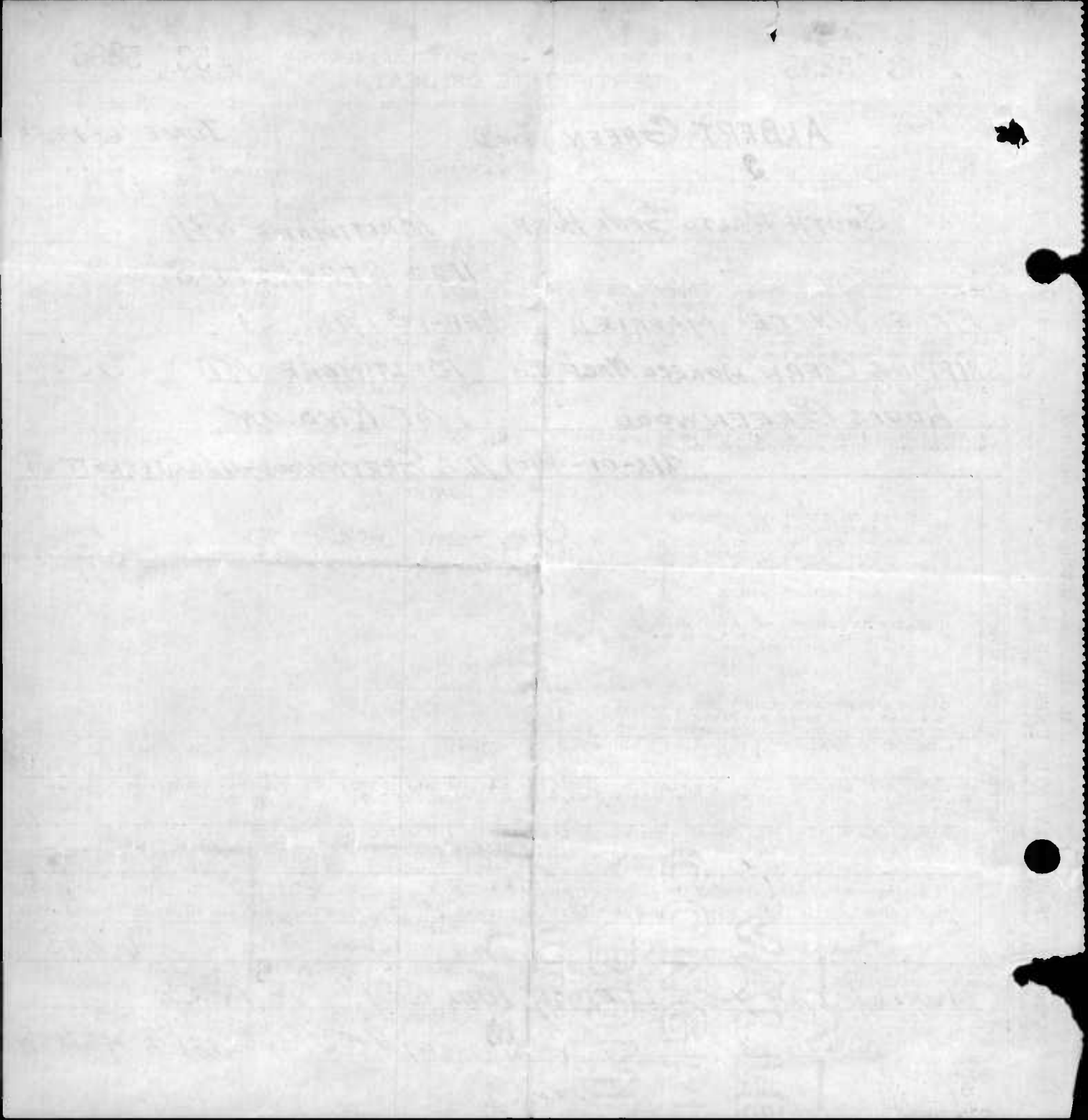
25. FUNERAL DIRECTOR

ADDRESS

1034 Huntingdon William H. Bernard C. Harle 131 E. West St

JUN 8 1953

34299



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

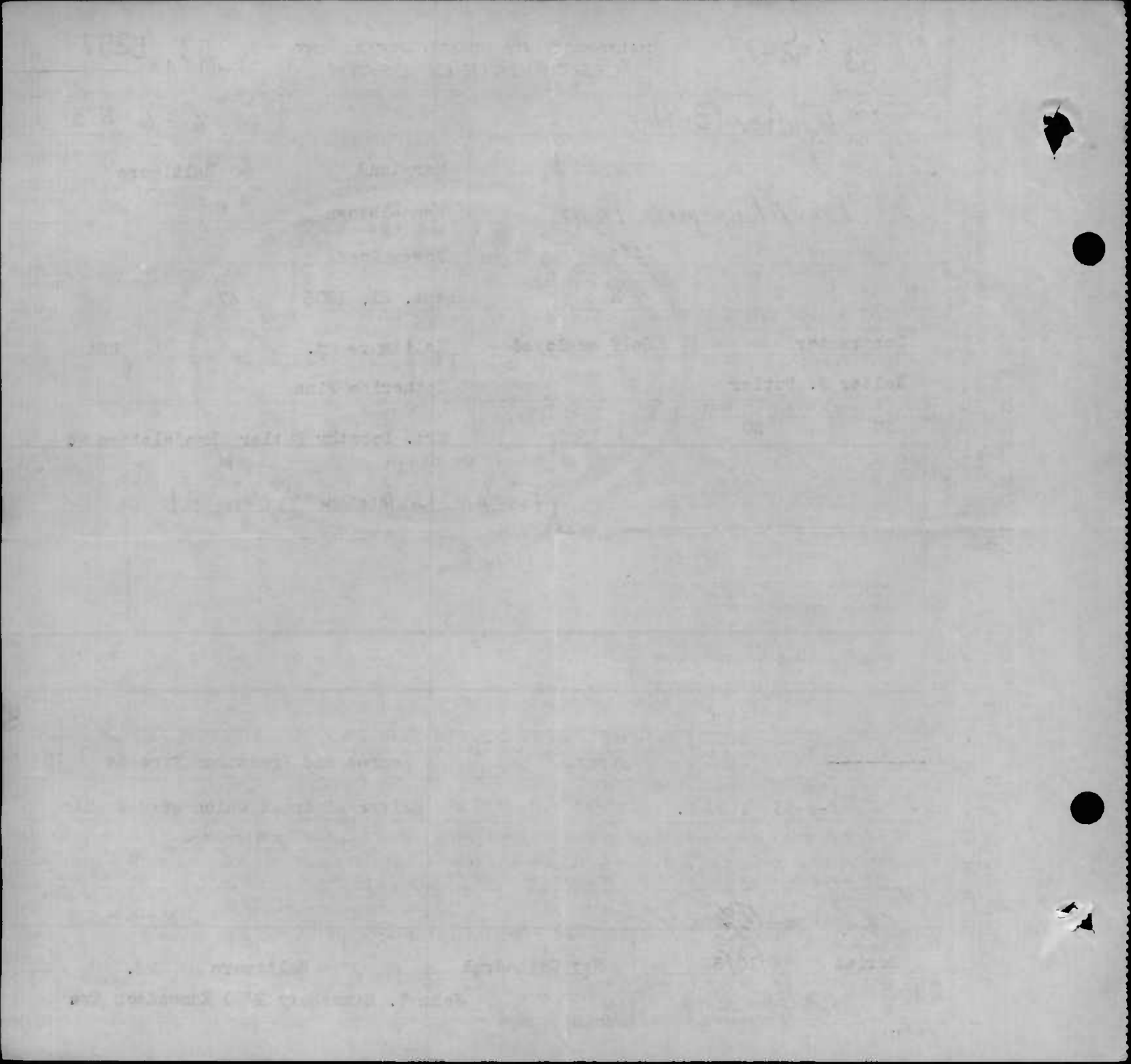
Registered No. 53 5297

1. NAME OF DECEASED (Type or Print) Walker Butler		2. DATE OF DEATH 6-6-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hosp		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Randalstown	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) Tower Road	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Sept. 21, 1905
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor		10B. KIND OF BUSINESS OR INDUSTRY Self employed	
11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Walter B. Butler		14. MOTHER'S MAIDEN NAME Catherine Finn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NO	
17. INFORMANT Mrs. Dorothy Butler		ADDRESS Randalstown Md	
18. E816.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture Dislocation of Cervical		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Unklme			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Monroe and Presstman Streets		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 6-6-53 4:20 A.	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? driver of truck which struck auto	
22. I certify that I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE John T. Stansbury		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input checked="" type="checkbox"/> 6-6-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/10/53	
24C. NAME OF CEMETERY OR CREMATORY New Cathedral		24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR 6/10/53		REGISTRAR'S SIGNATURE John T. Stansbury	
FEDERAL DIRECTOR John T. Stansbury		ADDRESS 2700 Edmondson Ave	

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N 805.0

29024

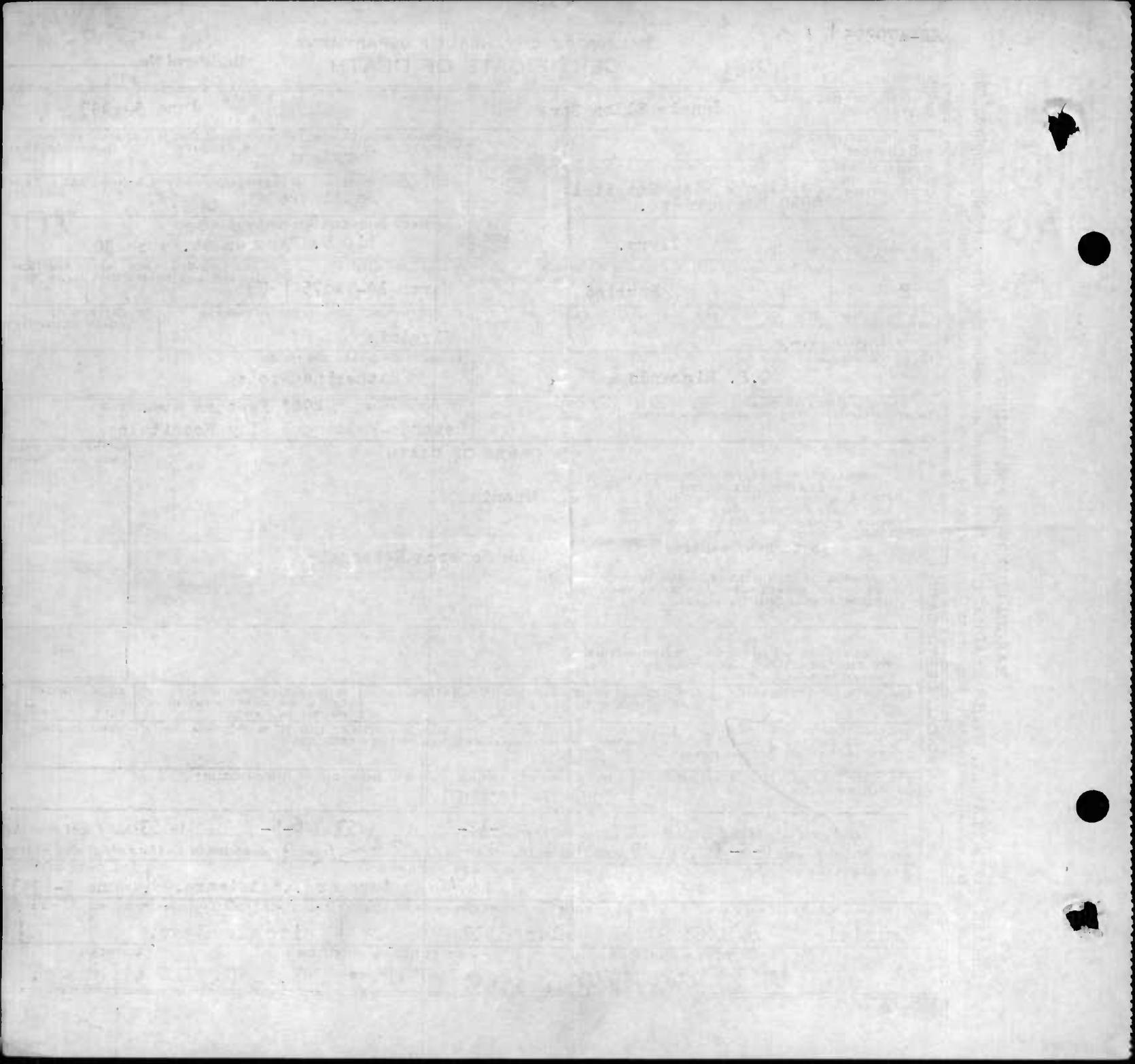


MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1B-170395 100
53 5298BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5298
Registered No.

BIRTH NO. 53 5298		1. NAME OF DECEASED (Type or Print) Jennie Ellen Cave		2. DATE OF DEATH June 5-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
D. STREET ADDRESS (If rural, give location) 610 S. Hanover St. zone 30		E. LENGTH OF STAY IN BALTIMORE 11 yrs.			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 14- 1875	9. AGE (In years last birthday) 78
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Virginia	
13. FATHER'S NAME O.P. Richards		14. MOTHER'S MAIDEN NAME Catherine Brolze			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT 4940 Eastern Ave Records-Baltimore City Hospitals	
18. 591x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia DUE TO Low Nephron Nephrosis ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 6-5-53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-12- , 19 53 , to 6-5- , 19 53 that I last saw the deceased alive on 6-5- , 19 53 , and that death occurred at 7 A m., from the causes and on the date stated above.					
23A. SIGNATURE <i>H. J. Baker</i>		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED June 5-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/8/53		24C. NAME OF CEMETERY OR CREMATORY Cedar Hill	
24D. LOCATION (City, town, or county) (State) Ritchie Hgwy.		25. FUNERAL DIRECTOR JOHN F. DENNY, INC.		ADDRESS 715 Light St.	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 5299
Registered No. 53 5299

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

2. DATE OF DEATH
June 5th 1953

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

9. AGE (in years last birthday)

If Under 1 Year
Months: Days
If Under 24 hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 154X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

099 18 min

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 min. 1953, to 5 June, 1953, that I last saw the deceased alive on 5 June, 1953, and that death occurred at 7P m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 8 1953

Huntington Williams, M.D.

Leok Leok 1701-03 N. Patterson Park Ave

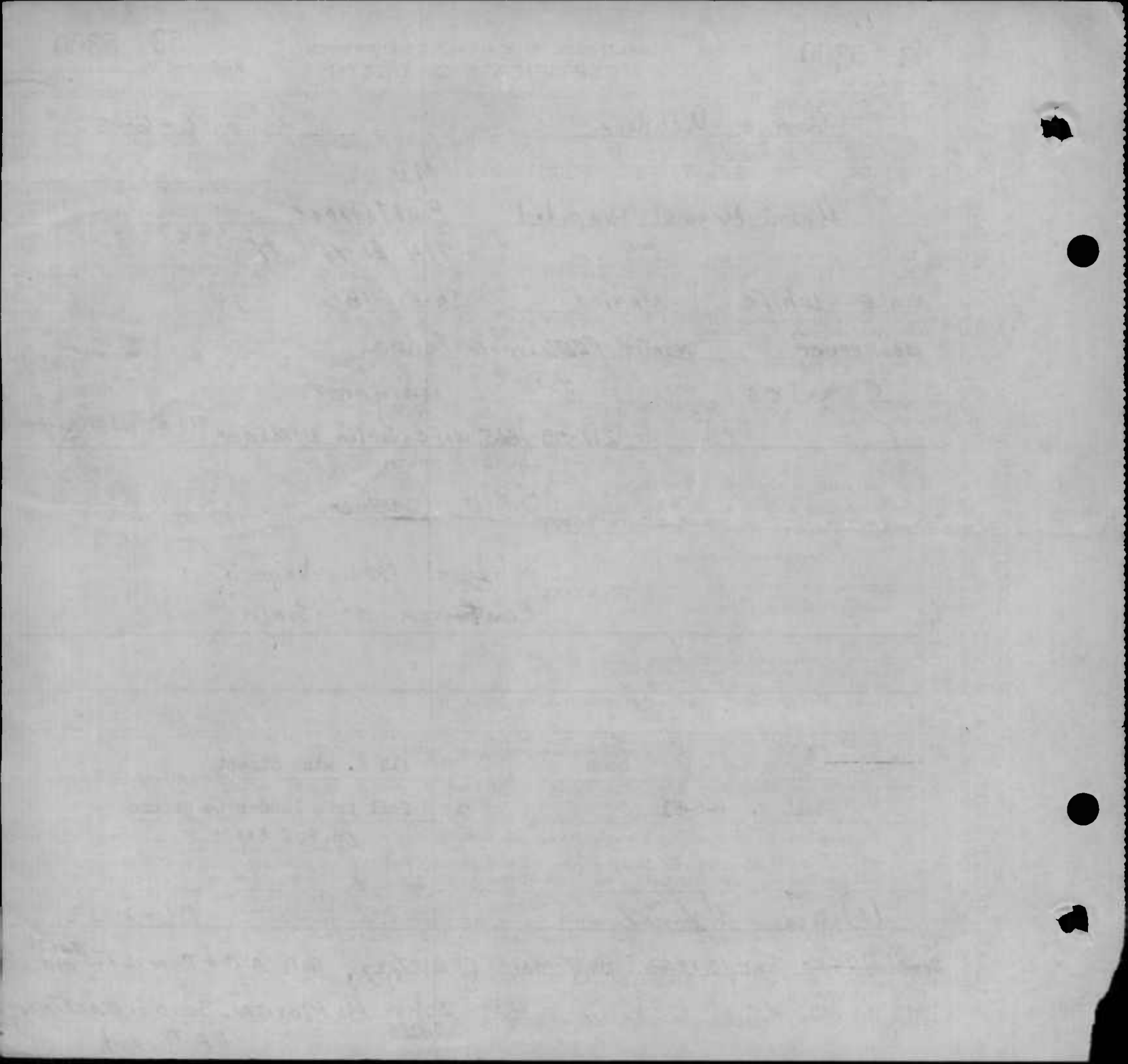
STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Death	
5. Place of Birth		6. Usual Residence		7. Cause of Death		8. Manner of Death	
9. Occupation		10. Education		11. Marital Status		12. Social Security Number	
13. Signature of Physician		14. Signature of Registrar		15. Signature of Informant		16. Date of Report	
17. Signature of Coroner		18. Signature of Medical Examiner		19. Signature of Pathologist		20. Signature of Toxicologist	
21. Signature of Forensic Anthropologist		22. Signature of Forensic Dentist		23. Signature of Forensic Psychologist		24. Signature of Forensic Psychiatrist	
25. Signature of Forensic Nurse		26. Signature of Forensic Social Worker		27. Signature of Forensic Counselor		28. Signature of Forensic Therapist	
29. Signature of Forensic Educator		30. Signature of Forensic Researcher		31. Signature of Forensic Administrator		32. Signature of Forensic Director	
33. Signature of Forensic Assistant		34. Signature of Forensic Clerk		35. Signature of Forensic Receptionist		36. Signature of Forensic Secretary	
37. Signature of Forensic Typist		38. Signature of Forensic Mail Room		39. Signature of Forensic Janitor		40. Signature of Forensic Custodian	
41. Signature of Forensic Guard		42. Signature of Forensic Cook		43. Signature of Forensic Baker		44. Signature of Forensic Cleaner	
45. Signature of Forensic Painter		46. Signature of Forensic Carpenter		47. Signature of Forensic Electrician		48. Signature of Forensic Plumber	
49. Signature of Forensic Welder		50. Signature of Forensic Machinist		51. Signature of Forensic Tool and Die Maker		52. Signature of Forensic Metal Worker	
53. Signature of Forensic Welding Inspector		54. Signature of Forensic Quality Control		55. Signature of Forensic Production Supervisor		56. Signature of Forensic Shift Supervisor	
57. Signature of Forensic Team Leader		58. Signature of Forensic Worker		59. Signature of Forensic Apprentice		60. Signature of Forensic Trainee	
61. Signature of Forensic Intern		62. Signature of Forensic Student		63. Signature of Forensic Volunteer		64. Signature of Forensic Fellow	
65. Signature of Forensic Resident		66. Signature of Forensic Fellow		67. Signature of Forensic Attending Physician		68. Signature of Forensic Surgeon	
69. Signature of Forensic Specialist		70. Signature of Forensic Consultant		71. Signature of Forensic Advisor		72. Signature of Forensic Observer	
73. Signature of Forensic Visitor		74. Signature of Forensic Guest		75. Signature of Forensic Patient		76. Signature of Forensic Family Member	
77. Signature of Forensic Friend		78. Signature of Forensic Neighbor		79. Signature of Forensic Community Member		80. Signature of Forensic Society Member	
81. Signature of Forensic Association Member		82. Signature of Forensic Club Member		83. Signature of Forensic League Member		84. Signature of Forensic Order Member	
85. Signature of Forensic Fraternity Member		86. Signature of Forensic Sorority Member		87. Signature of Forensic Guild Member		88. Signature of Forensic Lodge Member	
89. Signature of Forensic Chapter Member		90. Signature of Forensic Branch Member		91. Signature of Forensic District Member		92. Signature of Forensic Division Member	
93. Signature of Forensic Council Member		94. Signature of Forensic Conference Member		95. Signature of Forensic Convention Member		96. Signature of Forensic Assembly Member	
97. Signature of Forensic Synod Member		98. Signature of Forensic General Assembly Member		99. Signature of Forensic Synod Member		100. Signature of Forensic General Assembly Member	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-420 53 5300		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 5300 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) George Wallace		2. DATE OF DEATH 6-6-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY 9-01		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		D. STREET ADDRESS (If rural, give location) 714 E 41 ST.		5. SEX MALE	
c. Length of stay in Baltimore 37 yrs		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH JAN 1, 1880		9. AGE (In years last birthday) 73		10. Under 1 Year Months: Days	
11. BIRTHPLACE (State or foreign country) Penna.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Charles	
14. MOTHER'S MAIDEN NAME Margaret		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) P		16. SOCIAL SECURITY NO. 212-03-1865	
17. INFORMANT Wife - Lelia WALLACE		18. E901.0 CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Skull Fracture		ANTECEDENT CAUSES (B) Subdural Hemorrhage			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Confusion of Brain		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 714 E. 41st Street	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 3:40 P. 6-6-53		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? fell from ladder to ground	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William V. ...		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED 6-2-53	
24A. BURIAL, CREMATION, REMOVAL (Specify): BALTIMORE		24B. DATE June 10, 1953		24C. NAME OF CEMETERY OR CREMATORY BALTIMORE Cemetery	
24D. LOCATION (City, town, or county) (State) BALTI., Md.		24E. FUNERAL DIRECTOR John H. Moran		24F. ADDRESS 3000 E. BALTIMORE	
DATE RECEIVED BY LOCAL REGISTRAR 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		VS 151 N803.2	
				310 4M	
				BALTI., Md.	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 5301

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MR. George Pearce

2. DATE
OF
DEATH

June 5, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Ordleiph Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2639 - 4th Street N.E.

C. Length of stay in Baltimore

12 months 2 months

5. SEX

Male

White

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Nov. 24 - 1867

9. AGE (In years, last birthday)

85

10. Under 1 Year
Month: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist

10B. KIND OF BUSINESS OR INDUSTRY

Cotton Mill

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Pearce

14. MOTHER'S MAIDEN NAME

Jane Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

219-01-8077

17. INFORMANT

Ralph S. Pearce

2639 - 4th Street N.E.

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized Arteriosclerosis

DUE TO

(C) Some Arthritis

INTERVAL BETWEEN ONSET AND DEATH

?

10 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 5, 1953, to June 5, 1953, that I last saw the deceased alive on June 5, 1953, and that death occurred at 5:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

John M. Scott

23B. ADDRESS

8 Longwood Rd

23C. DATE SIGNED

June 5, 53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 8 - 1953

24C. NAME OF CEMETERY OR CREMATORY

Corrairie Park

24D. LOCATION (City, town or county)

Baltimore Co. Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

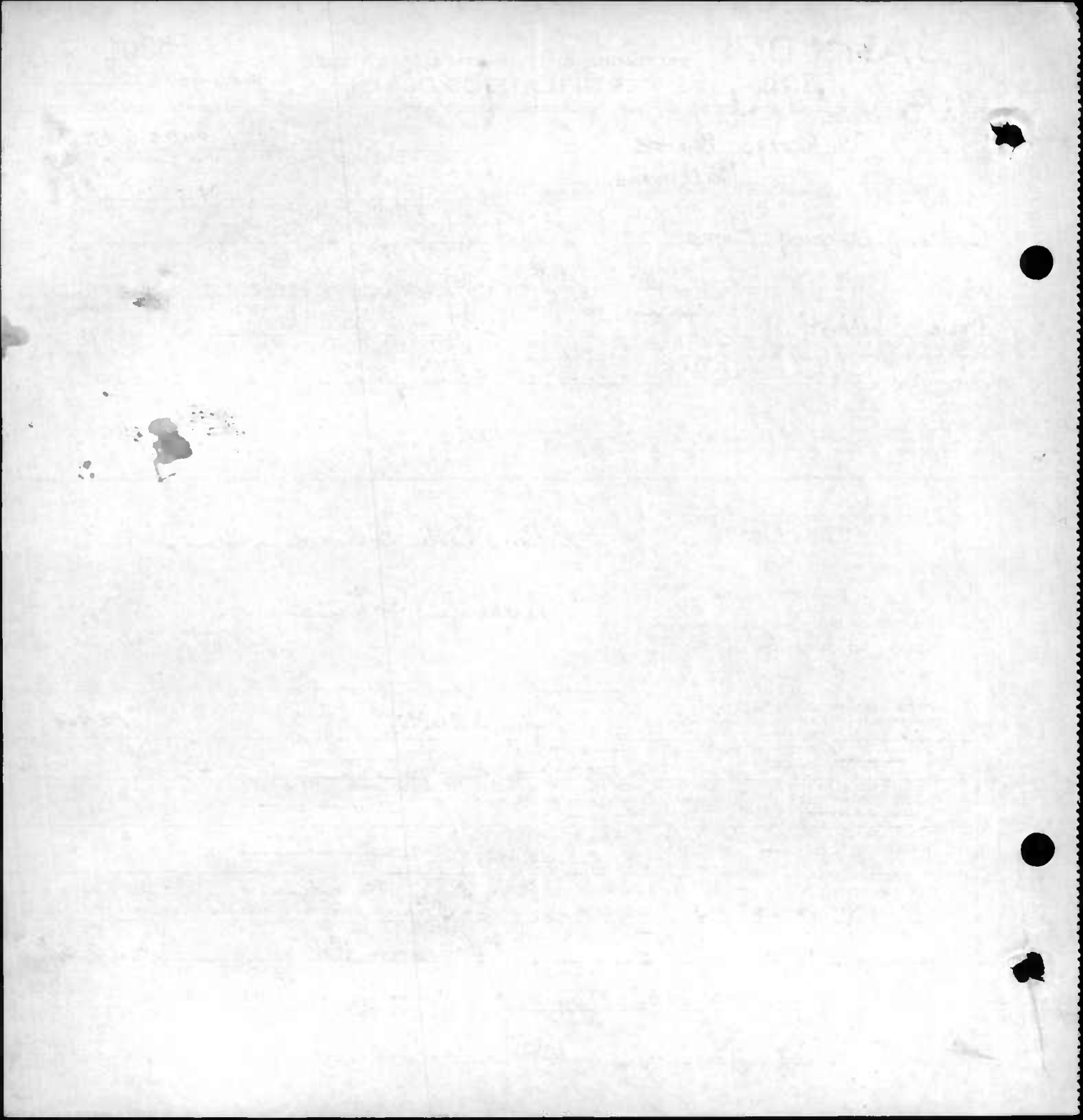
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Burpee Funeral Home, 3631 Falls Road

ADDRESS

Horace F. Burgee



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 5302
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE HARVEY

2. DATE
OF
DEATH

JUNE 4, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Lincoln Memorial Hospital

27 N. Carey Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

913 Low Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

May 18, 1887

9. AGE (In years last birthday)

66

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Contracting

11. BIRTHPLACE (State or foreign country)

South Carolina

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

James Gamble 322 W. Preston St.

18.

331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral vascular accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertension

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

1 month

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER- LAYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 May, 1953, to 4 June, 1953, that I last saw the deceased alive on 2 June, 1953, and that death occurred at 8:15 P. M., from the causes and on the date stated above.

23A. SIGNATURE

C. C. Burwell

M. D.

23B. ADDRESS

620 Ridgely Dr

23C. DATE SIGNED

6/6/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/8/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Zion Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Charles A. Rice 661 W. Barre Street

VS 150

97024

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

9302

4

1953

1954

1955

1956

1957

1958

1959

U.S.

1900

1901

1902

1903

1904

1905

1906

1907

1908

1909

1910

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. **53 5303**BIRTH NO. **53-12784**1. NAME OF DECEASED
(Type or Print) **Baby Girl Quinn**2. DATE
OF
DEATH **6/6/53**3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY **Baltimore**B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE **Union Memorial Hospital**C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore - 9

C. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)
Griffwood Farms5. SEX **F**6. COLOR OR RACE **W**7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **S**8. DATE OF BIRTH **6/6/53**

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min. **7 30**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
John F. Quinn14. MOTHER'S MAIDEN NAME
Shirley Adams15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT
Father - Same

ADDRESS

18. **776x**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Prematurity

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from **6/6, 1953** to **6/6, 1953** that I last saw the deceased alive on **6/6, 1953**, and that death occurred at **10:30 a.m.**, from the causes and on the date stated above.23A. SIGNATURE
Rose L. Brown

M. D.

23B. ADDRESS
Union Memorial Hospital23C. DATE SIGNED
6/6/5324A. BURIAL, CREMATION, REMOVAL (Specify)
Removal24B. DATE
June 8, 195324C. NAME OF CEMETERY OR CREMATORY
PHILADELPHIA, PA.24D. LOCATION (City, town, or county) (State)
PHILADELPHIA, PA.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE
Huntington Williams25. FUNERAL DIRECTOR
JOHN BURNS' SONS, TOWSON, MD.

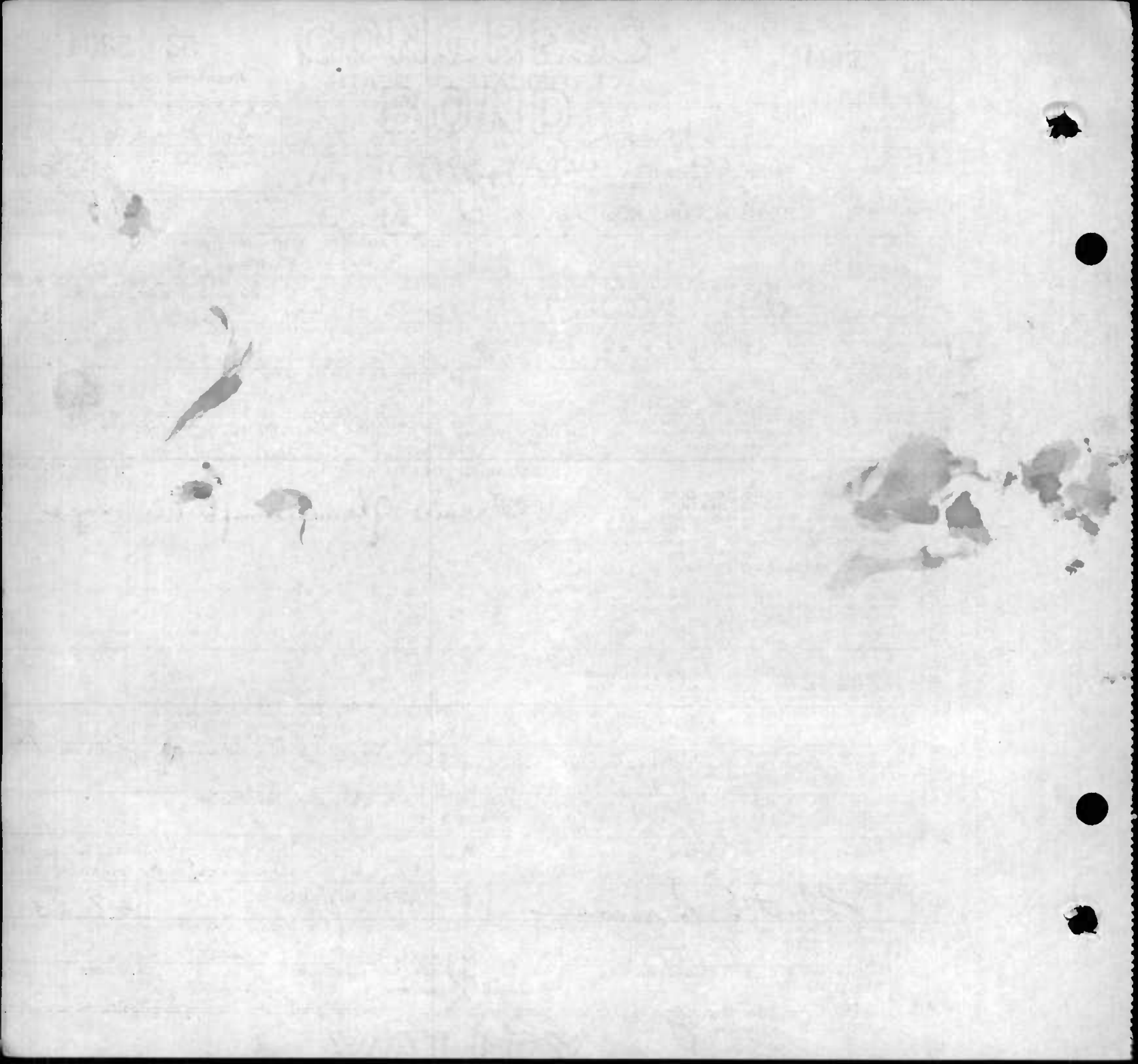
ADDRESS

22.8.1909

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 5304	Registered No. _____
BIRTH NO. _____					
1. NAME OF DECEASED (Type or Print) <i>Marilyn E. Olson</i>			2. DATE OF DEATH <i>June 6 1953</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>424. 3W</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>md.</i> b. COUNTY _____		
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27</i>		
c. Length of stay in Baltimore _____ Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) <i>344 Rossiter Ave.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>10-21-1944</i>	9. AGE (In years last birthday) <i>8</i>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Scholar</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Public School</i>		11. BIRTHPLACE (State or foreign country) <i>Astoria, Oregon</i>
12. CITIZEN OF WHAT COUNTRY? _____			13. FATHER'S NAME <i>Richard E. Olson</i>		
14. MOTHER'S MAIDEN NAME <i>F. Elise Denny</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i> (If yes, give war or dates of service) _____		
16. SOCIAL SECURITY NO. _____			17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i> ADDRESS <i>Richard E. Olson 344 Rossiter Ave.</i>		
18. <i>592X</i> CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Chronic glomerulonephritis</i>				<i>2 yrs</i>	
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6-6-53</i> , to <i>6-6-53</i> , that I last saw the deceased alive on <i>6-6-53</i> , and that death occurred at <i>11:37 P.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Robert E. Derridore</i> M. D.		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>6-7-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>6/10/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. S. National</i>	
24D. LOCATION (City, town, or county) <i>Baltimore, Md.</i>		24E. FUNERAL DIRECTOR <i>Wm. C. J. Inc. 1217 St. Paul St</i>		24F. ADDRESS _____	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 8 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			
VS 150					



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 5305
Registered No.

BIRTH NO. 53 5305

1. NAME OF DECEASED (Type or Print) Thomas Gibbons Davey			2. DATE OF DEATH 6/6/53		
3. PLACE OF DEATH: a. Baltimore City, Maryland Sinai Hospital			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE Md. b. COUNTY		
b. FULL NAME OF (If not in hospital or institution, give street address or location) Sinai Hosp., Inc.			c. CITY OR TOWN (If outside corporate limits, write full name, and give township) Baltimore City 27-01		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 4100 Eiceman Ave #6		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH Aug 29, 1892	9. AGE (in years last birthday) 54	10. Under 1 Year Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Automobile printer			10b. KIND OF BUSINESS OR INDUSTRY Automobile		
11. BIRTHPLACE (State or foreign country) Baltimore Md			12. CITIZEN OF WHAT COUNTRY? Yes		
13. FATHER'S NAME Patrick David Davey			14. MOTHER'S MAIDEN NAME Mary Callahan		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes			16. SOCIAL SECURITY NO. 216-09-6805		
17. INFORMANT Mary Hogg			ADDRESS 4100 Eiceman Ave		

18. 584X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Generalized peritonitis	(A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Empyema of gall bladder.	(B) DUE TO	
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19a. DATE OF OPERATION 6/4/53	19b. MAJOR FINDINGS OF OPERATION Localized peritonitis - ruptured (?) GB + empyema	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 6/2/53 to 6/6/53 , that I last saw the deceased alive on 6/6/53 , and that death occurred at 4 a. m. , from the causes and on the date stated above.		
23a. SIGNATURE James H. Mason	23b. ADDRESS Sinai Hosp.	23c. DATE SIGNED

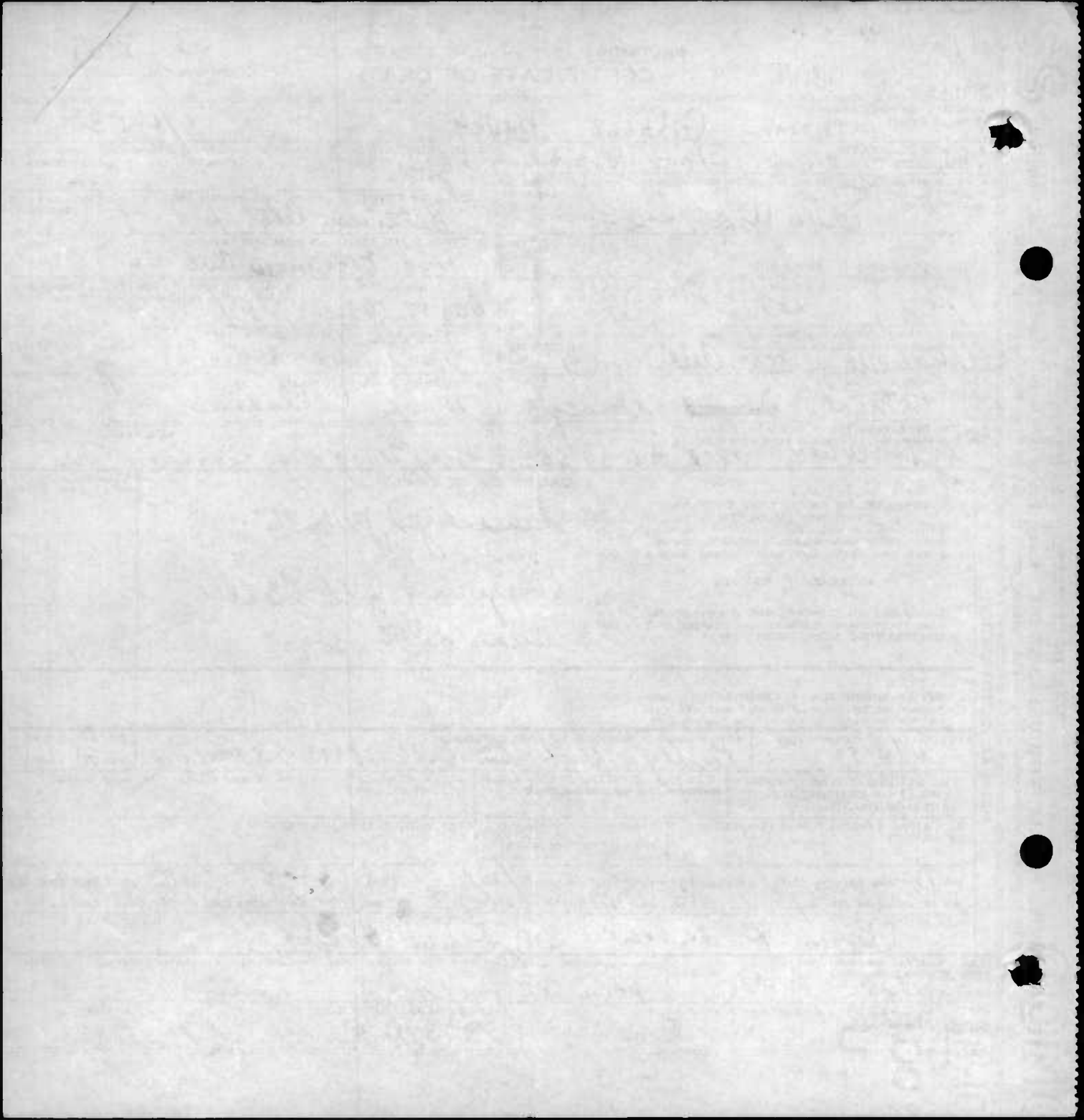
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/9/53	24c. NAME OF CEMETERY OR CREMATORY Holy Redeemer	24d. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE W. H. Mason	25. FUNERAL DIRECTOR W. H. Mason	ADDRESS 1317 St. Paul St.

VS 150

56483

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



53 5306

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

WINFIELD HUTCHINSON MC KOWN

2. DATE
OF
DEATH

June 6, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Mass.

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR US Public Health Service location)
INSTITUTION Hospital

Wyman Pk. Drive & 31st Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

Boston

township)

D. STREET ADDRESS (If rural, give location)

9 Austin Place

c. Length of stay in Baltimore ?

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10/8/85

9. AGE (In years
last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Master

10B. KIND OF BUSINESS OR
INDUSTRY

Seafarer

11. BIRTHPLACE (State or foreign country)

Maine

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Dennis Mc Kown

14. MOTHER'S MAIDEN NAME

Mary Pinkham

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

?

16. SOCIAL
SECURITY NO.

022-12-0305

17. INFORMANT

ADDRESS

Records- US PHS Hospital, Balto, Md.

18.

578X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Intra-abdominal abscess

? 3 wks.

DUE TO

Internal fistula of terminal ileum
secondary to #1

? 3 wks.

ANTECEDENT CAUSES

(B)

Diverticulitis, suspected

? 3 wks.

DUE TO

Septicemia

? 3 wks.

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

Arteriosclerotic heart disease

Unknown

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

6/2/53 & 6/5/53

19B. MAJOR FINDINGS OF OPERATION Peritonitis & necrosis of
about 12cm of terminal ileum with fistula

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 21, 1953 to June 6, 1953, that I last saw the
deceased alive on June 6, 1953 and that death occurred at 5:55P m., from the causes and on the date stated above.

23A. SIGNATURE

J.A. Hunter, Clinical Director

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

6/8/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6/10/53

24C. NAME OF CEMETERY OR CREMATORY

Windsor

24D. LOCATION (City, town, or county)

Windsor, Massachusetts

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

24055

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

FILE NO. 100-100000

DATE OF BIRTH: 10-10-1900
PLACE OF BIRTH: ALBANY, N. Y.

NAME: JOHN J. ROY
SEX: MALE

DATE OF DEATH: 10-10-1900

PLACE OF DEATH: ALBANY, N. Y.

CAUSE OF DEATH: 100-100000

10-10-1900
10-10-1900
10-10-1900
10-10-1900
10-10-1900
10-10-1900

THE CAUSE OF DEATH IS
ASSEMBLED BY
THE BOARD OF HEALTH
OF THE CITY OF ALBANY
ON THE 10-10-1900
AT THE OFFICE OF THE REGISTRAR
ALBANY, N. Y.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

10-10-1900
10-10-1900
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10-10-1900
10-10-1900
10-10-1900
10-10-1900
10-10-1900
10-10-1900

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 5307
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

WILLIAM LANE HOFFERBERTH

2. DATE
OF
DEATH

June 7, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

3808 Biddison Lane - 6

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Mar. 21, 1883

9. AGE (in years last birthday)

70

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired)

Supt.

10B. KIND OF BUSINESS OR INDUSTRY

Steel

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

John Hofferberth

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

215-05-5224

17. INFORMANT

ADDRESS

Mrs. Helen M. Vinci 725 Radnor Ave.

18.

446 X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) **UREMIA**

DUE TO **Nephrosclerosis - malignant**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Cardiac Failure**

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **May 16, 1953** to **June 7, 1953**, that I last saw the deceased alive on **June 7, 1953**, and that death occurred at **3:05 PM**, from the causes and on the date stated above.

23A. SIGNATURE

A. Cassinelli

23B. ADDRESS

1400 N. Caroline Street - 13

23C. DATE SIGNED

June 7, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 10, '53

24C. NAME OF CEMETERY OR CREMATORY

Oaklawn

24D. LOCATION (City, town, or county)

Balto.

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H. W. Jenkins & Sons Co 4905 York Rd.

2903 A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

BRITISH COLONY OF HONG KONG

1901

NAME

AGE

RESIDENCE

DATE OF DEATH

TIME

PLACE

CAUSE OF DEATH

SEX

RELIGION

EDUCATION

PROFESSION

STATUS

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ARRIVAL

DATE OF DEPARTURE

PLACE OF DEPARTURE

DATE OF DEPARTURE

DATE OF DEPARTURE

PLACE OF DEPARTURE

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DATE OF DEPARTURE

PLACE OF DEPARTURE

DATE OF DEPARTURE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M-542
53 5308

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 5308
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna Mimmels

2. DATE
OF
DEATH

June 8/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

3639 Liberty Hts Ave

C. Length of stay in Baltimore

5 yrs.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

3639 Liberty Heights Avenue

B. DATE OF BIRTH

Jan 2, 1889

9. AGE (In years, last birthday) Months Days Hours Min.

64

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

USA

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

13. FATHER'S NAME

Martin Rosenbach

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Dr Murray M. Mimmels

ADDRESS

Hts Ave

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Anterior myocardial infarction 2 weeks (2nd)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive C.V.D.

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May 30, 1953* to *June 8, 1953* that I last saw the deceased alive on *June 5, 1953* and that death occurred at *9:45 PM*, from the causes and on the date stated above.

23A. SIGNATURE

Joseph C. Natchez

23B. ADDRESS

3623 Liberty Hts

23C. DATE SIGNED

June 8, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

6/8/53

24C. NAME OF CEMETERY OR CREMATORY

Newark, N.J.

24D. LOCATION (City, town, or county)

Newark, New Jersey

DATE RECEIVED BY LOCAL REGISTRAR

JUN 8 1953

REGISTRAR'S SIGNATURE

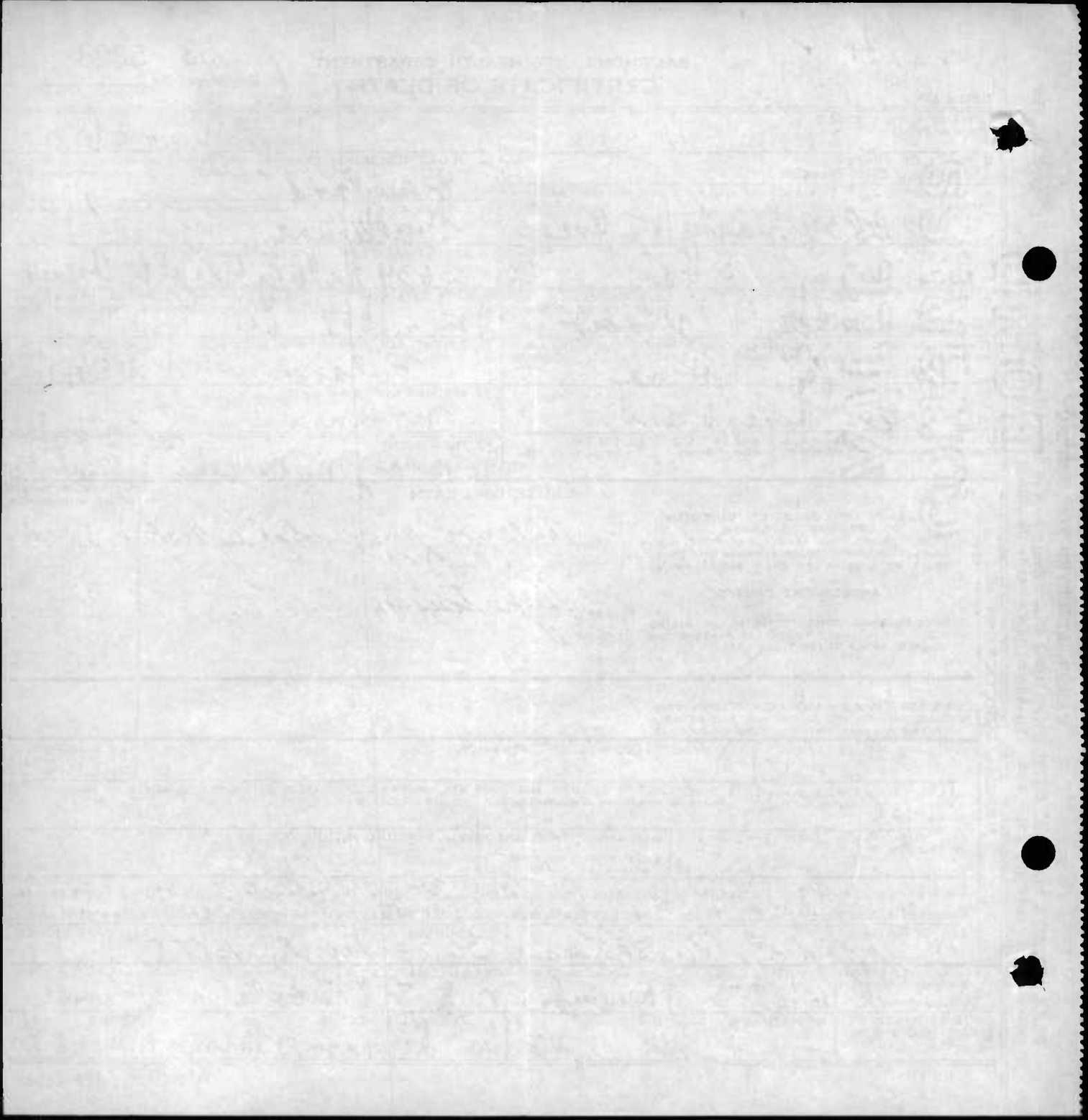
Harriet Williams, M.D.

25. FUNERAL DIRECTOR

Sal. Levinson

ADDRESS

Brook - 1124-26 W North Avenue



MARGIN RESERVED FOR BINDING

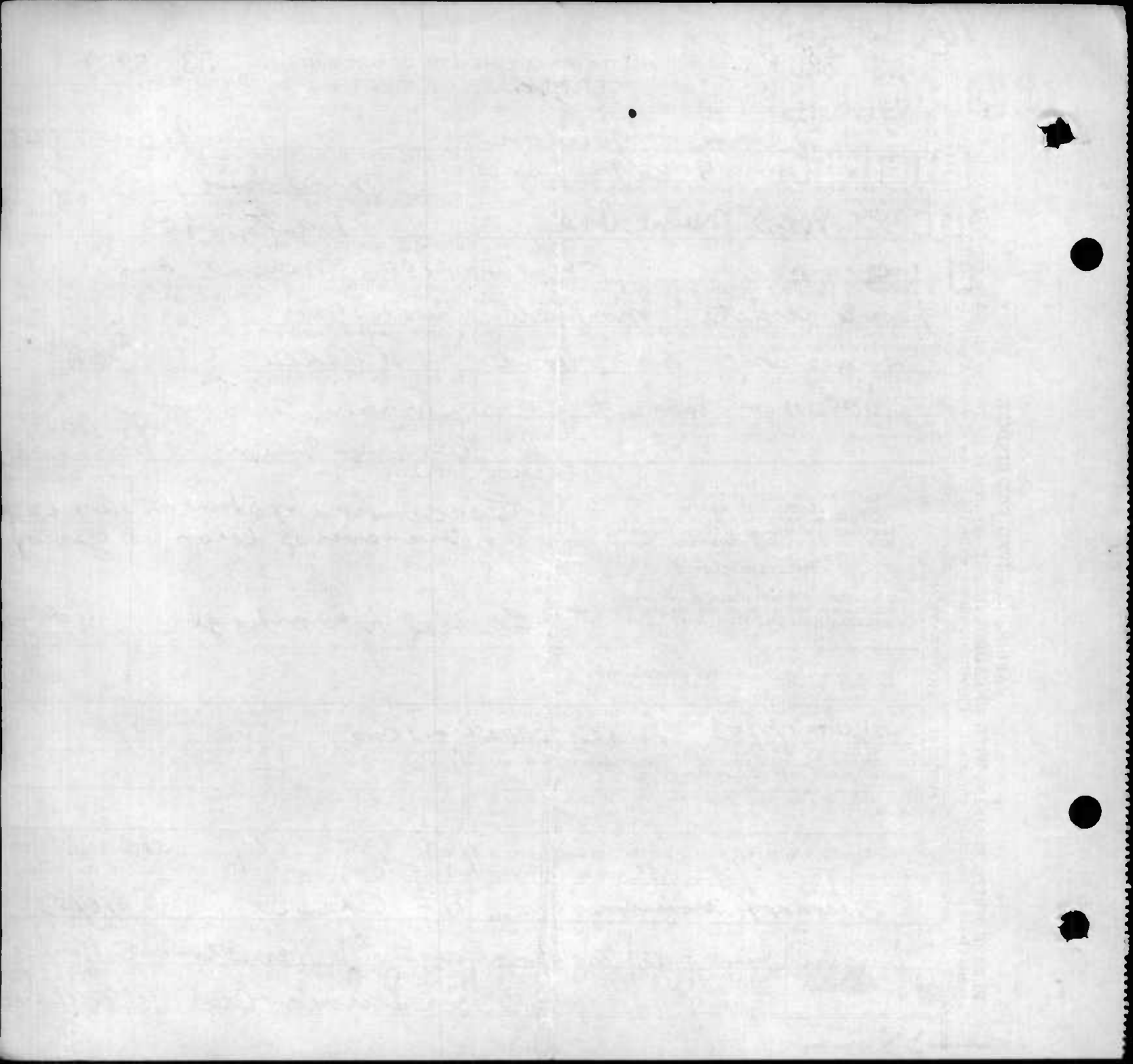
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-635
53 5309

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 5309
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Lena Gordon</i>		2. DATE OF DEATH <i>June 7 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>4003 Maine Ave</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>15-10</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>4003 Maine Ave</i>		C. CITY OR TOWN <i>Baltimore</i>			
c. Length of stay in Baltimore <i>56 yrs</i>		D. STREET ADDRESS (If rural, give location) <i>4003 Maine Ave</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Dec 15, 1881</i>	9. AGE (In years last birthday) <i>71</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at Home</i>		11. BIRTHPLACE (State or foreign country) <i>Russia</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. FATHER'S NAME <i>Solomon Trout</i>		14. MOTHER'S MAIDEN NAME <i>Sarah Meriar</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>-</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Benjamin Gordon</i>	
18. <i>151x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of Stomach & Transverse Colon</i>		CAUSE OF DEATH (A) <i>Carcinoma of Stomach & Transverse Colon</i> DUE TO (B) <i>Cerebral Hemorrhage</i> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <i>about 2 years</i> <i>4 days</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>12/31/51 - 1/7/53</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>Transverse Colon & Stomach</i>		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>4/23/1950</i> , to <i>6/7/1953</i> that I last saw the deceased alive on <i>6/7/1953</i> and that death occurred at <i>9:50 P. M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Shepherd H. Morrison</i>		23B. ADDRESS <i>11 E. Chase St</i>		23C. DATE SIGNED <i>6/8/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>June 8 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Hamilton Ave</i>	
24D. LOCATION (City, town, or county) (State) <i>Pennsylvania</i>		25. FUNERAL DIRECTOR <i>Sal Lerner & Bros</i>		ADDRESS <i>1124 W. North Ave</i>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 5310**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Henrietta Broome**2. DATE
OF
DEATH**6/7.53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Md.**

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION**Bar Wil Bar Convalescent Home**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

1036 N. Stricker St.

c. Length of stay in Baltimore

?Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

May 1878

9. AGE (in years last birthday)

75

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF

USA

13. FATHER'S NAME

James Kelson

14. MOTHER'S MAIDEN NAME

Annie Hammond

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Annie K. Thomas 1675 W. North Ave.

ADDRESS

18. **352X**DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Heinfrigia, left leg necros

INTERVAL BETWEEN ONSET AND DEATH

6 days ?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **March 29, 1953**, to **June 7, 1953**, that I last saw the deceased alive on **June 10, 1953**, and that death occurred at **home** from the causes and on the date stated above.

23A. SIGNATURE

H. H. Johnson M.D.

23B. ADDRESS

403 Medford Bldg 6/7.53

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/11/53

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Geo. G. Kelson 1303 Presstmen St.

ADDRESS

Mrs. H. Kelson

TABLE OF CONTENTS

L-000
53 5311BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5311
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Albert S. Lee

2. DATE
OF
DEATH

June 6, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

1020 Edmondson ave

C. CITY OR TOWN

Balto

(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

15 years

D. STREET ADDRESS (If rural, give location)

1020 Edmondson ave

5. SEX

m

6. COLOR OR RACE

c

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

w

8. DATE OF BIRTH

April 11, 1879

9. AGE (In years
last birthday)

74

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Va

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Riley Lee

14. MOTHER'S MAIDEN NAME

—

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

—

17. INFORMANT

Martha Wilson 1020 Edmondson ave

ADDRESS

18. 443X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

CAUSE OF DEATH

Cerebral Apoplexy

INTERVAL BETWEEN
ONSET AND DEATH

1 wk

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

Cardiovascular Hypertension

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1951, to June, 1953, that I last saw the
deceased alive on 5 June, 1953, and that death occurred at 10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

M. O.

23B. ADDRESS

1215 Madison

23C. DATE SIGNED

8 June 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/9/53

24C. NAME OF CEMETERY OR CREMATORY

Northumberland

24D. LOCATION (City, town, or county)

Northumberland Co. Va.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

Geo. G. Kelson 1303 Presstman St.

ADDRESS

[Signature]

STATE OF NEW YORK
CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF DEATH		PLACE OF DEATH	
DATE OF BIRTH		PLACE OF BIRTH		EDUCATION		OCCUPATION		MARRIAGE		RELIGION	
CAUSE OF DEATH		MANNER OF DEATH		DISEASE		SYMPTOMS		TREATMENT		POST-MORTEM	
SIGNATURE OF PHYSICIAN		SIGNATURE OF CORONER		SIGNATURE OF JURY		SIGNATURE OF WITNESSES		SIGNATURE OF DECEASED		SIGNATURE OF FUNERAL HOME	
DATE OF INTERMENT		PLACE OF INTERMENT		CEREMONY		COST		FUNERAL HOME		REMARKS	

FILED
JUN 10 1964
NEW YORK

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J-553 5312		BALTIMORE CITY HEALTH DEPARTMENT		53 5312	
BIRTH NO. 52-28918		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) <i>Leslie Jenkins</i>			2. DATE OF DEATH <i>6-5-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Josephs Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>1425 N. Central Ave.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Caucasian</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>4/12/52</i>	9. AGE (In years last birthday) <i>6 yrs.</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>James Jenkins</i>			14. MOTHER'S MAIDEN NAME <i>Margaret Sullivan</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>James Jenkins-1425 N. Central Ave.</i>		
18. <i>492x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Intermittent Pneumonia</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <i>Partial Autopsy</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William V. [Signature]</i>			23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <i>6-6-53</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>June 8/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Wm. Calver Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>G. A. County Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		FURNERAL DIRECTOR ADDRESS <i>Mrs. R. H. A. Elliott's Daughter 1129 N. Caroline St.</i>	

Wm. J. Sullivan

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5313

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)FRANCIS ~~TOTZAUER~~ FRANK O. TOTZAUER2. DATE
OF
DEATH

JUNE 7 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write rural and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

3808 WOODBRIDGE RD

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

1-19-89

9. AGE (In years
last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work during most of working life, even if retired)

GUARD

10B. KIND OF BUSINESS OR
INDUSTRY

Post Office

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

FRANCIS TOTZAUER

14. MOTHER'S MAIDEN NAME

MARY WELSH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

yes

U.S. W 1

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

JAMES C. DUCKETT 3808 WOODBRIDGE RD

18.

443X

CAUSE OF DEATH

UREMIA POISONING

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

HYPERTENSIVE CARDIOVASCULAR
DISEASE

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN 2, 1953 to JUN 7, 1953 that I last saw the
deceased alive on JUN 7, 1953 and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. L. McKay

23B. ADDRESS

Baltimore Hospital

23C. DATE SIGNED

June 7, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

6-10-1953

24C. NAME OF CEMETERY OR CREMATORY

BALTO NATIONAL

24D. LOCATION (City, town or county)

BALTO

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Baltimore, Md

25. FUNERAL DIRECTOR

J. B. Walters

ADDRESS

763 90 PRATTY STRICKER ST

CERTIFICATE OF DEATH

DATE OF DEATH

53

5314

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53

5314

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alma HILDA A. GILLSON YOUNG

2. DATE
OF
DEATH

June 4, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

926 Mulberry Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 3, 1917

9. AGE (In years
last birthday)

36

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Westmoreland Co. Pa.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Gillison

14. MOTHER'S MAIDEN NAME

Virginia Brooks

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
John Young 926 Mulberry St

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Left cerebrovascular hemorrhage

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William U. Brown

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒

23C. DATE SIGNED

June 5, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6/9/1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem. Balto. Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

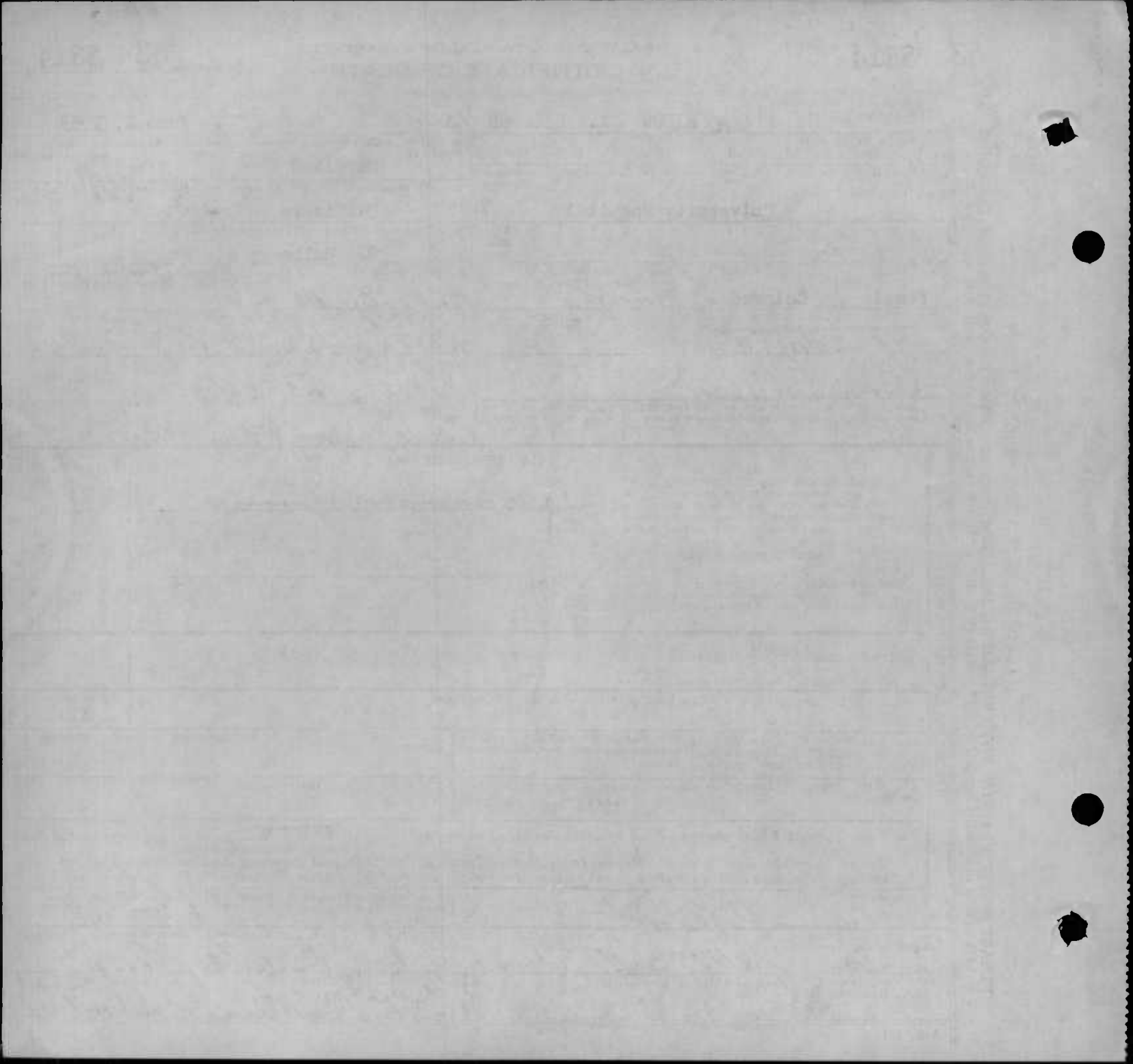
25. FUNERAL DIRECTOR

ADDRESS

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

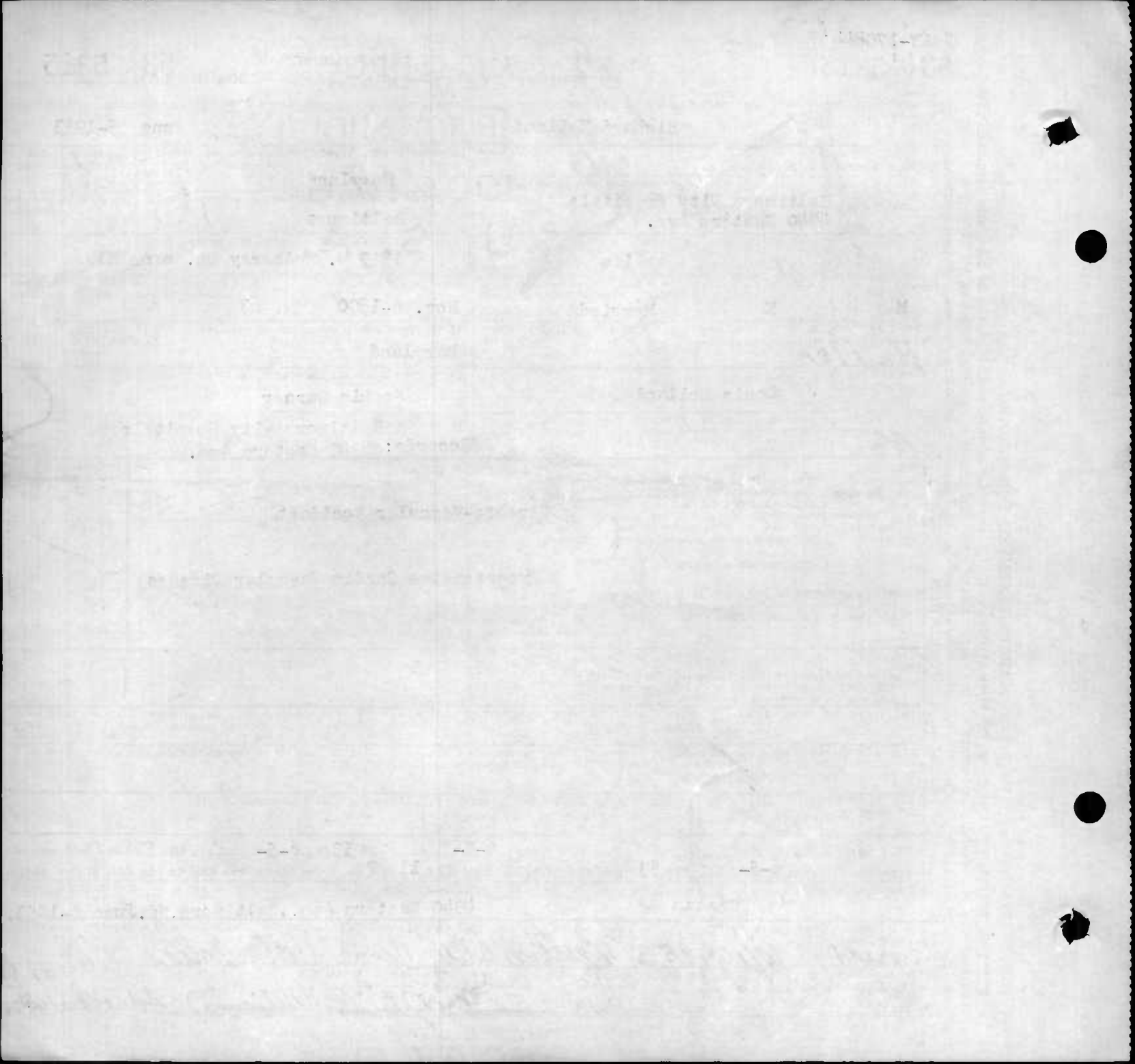


MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB 70844 453 53 5315		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 5315	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
Richard Holland			June 5-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			A. STATE		
Baltimore City Hospitals 4940 Eastern Ave.			Maryland		
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			D. STREET ADDRESS (If rural, give location)		
Baltimore			1819 W. Mulberry St. zone 23		
c. Length of stay in Baltimore		Life		Yrs. Mos. Days	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months: Days
M	N	Married	Nov. 6-1890	63	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Bx Hler				Maryland	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Louis Holland			Sophie Turner		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMATION	
No				Baltimore City Hospital Records: 4940 Eastern Ave.	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH		
DUE TO			(A) Cerebro-Vascular Accident		
ANTECEDENT CAUSES			(B) Hypertensive Cardio Vascular Disease		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			DUE TO		
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
0					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-2-1953 to 6-5-1953 that I last saw the deceased alive on 6-5-1953, and that death occurred at 11 P.m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
H. J. Jones		4940 Eastern Ave., Baltimore, Md.		June 6-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		6/10/1953		Western Star Cem	
24D. LOCATION (City, town, or county)		24E. STATE		24F. ADDRESS	
Catonsville, Md.		Md.		322A	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
JUN 8 1953		Huntington Williams		Miss Katie R. Williams	
				Schroeder St.	
VS 150					

7208A



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-17052620
53 5316
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5316

1. NAME OF DECEASED (Type or Print) Esther Harris			2. DATE OF DEATH June 4-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, with RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1817 Rayner Ave. zone 17		
5. SEX F	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 8-1902		9. AGE (In years last birthday) 51 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Non-Secretary			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME George Davis			14. MOTHER'S MAIDEN NAME Frances Wilson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMATION ADDRESS Baltimore City Hospitals Records: 4940 Eastern Ave.
18. 434.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Congestive Heart Failure DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-21-1953 , to 6-4-1953 that I last saw the deceased alive on 6-4-1953 , and that death occurred at 3:40 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE <i>H. J. [Signature]</i>			23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED June 5-1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/8/1953	24C. NAME OF CEMETERY OR CREMATORY Fowler's Cem.		24D. LOCATION (City, town, or county) (State) Parole Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 8 1953		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Mr. Kate R. Williams Schreier St.</i>	

STATE OF DEATH

NAME

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

DATE OF DEATH

PLACE OF BIRTH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

NAME OF FUNERAL HOME

NAME OF MINISTER

NAME OF CHURCH

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 53 5317	
1. NAME OF DECEASED (Type or Print) William Quarrels				2. DATE OF DEATH June 5-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Ave.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 42yrs.				D. STREET ADDRESS (If rural, give location) 824 Vine St.	
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 15- 1877	9. AGE (In years last birthday) 75	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lab. worker			11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William			14. MOTHER'S MAIDEN NAME Sally		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMATION Baltimore City Hospitals Records: 4940 Eastern Ave.					
18. 420.1 I CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Congestive Heart Failure DUE TO ANTECEDENT CAUSES ? Myocardial Infarction DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-2-1953 to 6-5-1953, that I last saw the deceased alive on 6-5-1953, and that death occurred at 4:50A m., from the causes and on the date stated above.					
23A. SIGNATURE H. J. Miller, Jr.		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED June 5-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/8/1953		24C. NAME OF CEMETERY OR CREMATORY Mt Auburn Cem	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. FUNERAL DIRECTOR Mrs. Katie R. Williams		24F. ADDRESS 3221 Schroeder St	
DATE RECEIVED BY LOCAL REGISTRAR JUN 8 1953		REGISTRAR'S SIGNATURE H. J. Miller, Jr.		25. FUNERAL DIRECTOR Mrs. Katie R. Williams	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

18-170893
53 5318

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5318

1. NAME OF DECEASED (Type or Print) Jeanette Johnson			2. DATE OF DEATH June 5-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1003 Vine St.		
5. SEX F	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 3-1905	9. AGE (In years last birthday) 48	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of work log life, even if retired) Domestic			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Horace Garrison			14. MOTHER'S MAIDEN NAME Rosanna(Roxianna) Fitchette		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMED ADDRESS Baltimore City Hospitals			Records: 4940 Eastern Ave.		
18. 442x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriolar Nephrosclerosis DUE TO ANTECEDENT CAUSES Hypertensive Cardiovascular Disease DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION ✓		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-3 , 1953, to 6-5 , 1953, that I last saw the deceased alive on 6-5 , 1953, and that death occurred at 3.30AM from the causes and on the date stated above.					
23A. SIGNATURE H. Johnson			23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED June 5-1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/8/1953	24C. NAME OF CEMETERY OR CREMATORY W. F. Carrum Cem. Balto.		24D. LOCATION (City, town, or county) (State) Md.
DATE RECEIVED BY LOCAL REGISTRAR June 8 1953		REGISTRAR'S SIGNATURE Wilmington Williams, M.D.		25. FUNERAL DIRECTOR McKatie R. Williams ADDRESS 2224 Schroeder St.	

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CONTINUED FROM PREVIOUS PAGE

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-220
5319

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 5319
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louis Bozell

2. DATE
OF
DEATH

6-6-53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

South Baltimore Gen. Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE b. COUNTY

Md. Anne Arundel

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. City

d. STREET ADDRESS (If rural, give location)

7215 Marley Neck Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

4-10-1892

9. AGE in years, last birthday

61

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Self employed

10b. KIND OF BUSINESS OR INDUSTRY

Grocery

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Bozell

14. MOTHER'S MAIDEN NAME

Petronella Kryngowski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Elsie Bozell 7215 Marley Neck Road

18. *422.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) *Arteriosclerotic Cardiovascular Disease*

DUE TO

ANTECEDENT CAUSES

(B) *Chronic Asthma*

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Inspection* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23a. SIGNATURE

William H. Ford

23b. CHIEF MEDICAL EXAMINER ☐

ASSISTANT MEDICAL EXAMINER ☒

23c. DATE SIGNED

6-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

June 10-1953

24c. NAME OF CEMETERY OR CREMATORY

Holy Rosary

24d. LOCATION (City, town, or county) (State)

Balto. Co. Md.

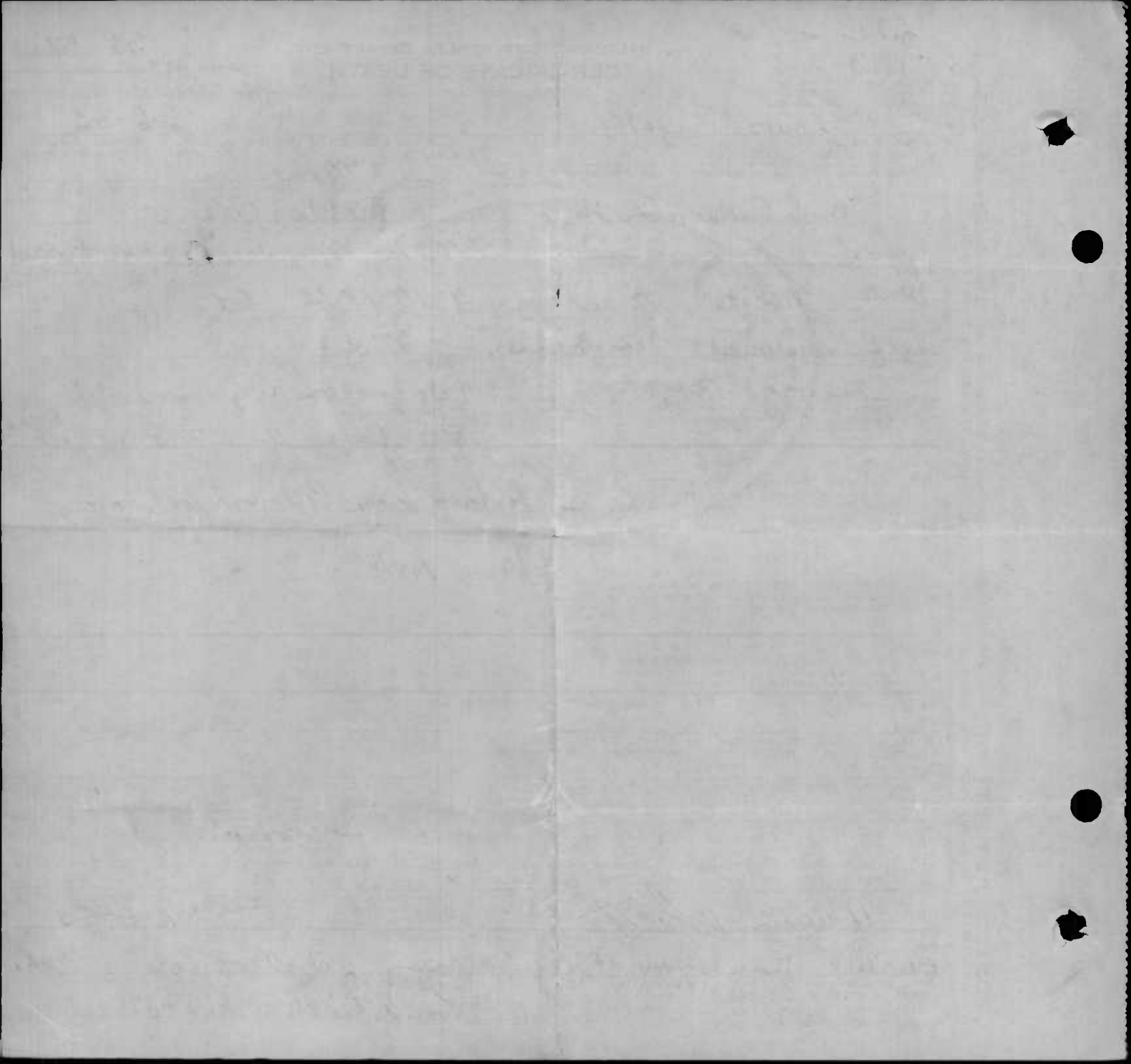
DATE RECEIVED BY REGISTRAR'S SIGNATURE

MIN 8

25. FUNERAL DIRECTOR

ADDRESS

Mr. S. Fialkowski 2007 Eastern Ave.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-342 5321		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 5320 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Irene Podles		June 7, 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE b. COUNTY		Md. Baltimore	
b. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		c. CITY OR TOWN, (If outside corporate limits, write RURAL and give township)		Baltimore County	
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location)		Box 143 Golden Ring Rd.	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months Days
Female	White	Married	Feb. 24-1916	37	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Housewife				Balto., Md.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
Joseph O. Bryski		Dorothy Bronzest			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT	
				JOHNS HOPKINS HOSPITAL	
18. 296x		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Hemorrhage		?	
ANTECEDENT CAUSES		DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Thrombocytopenic purpura		?	
		DUE TO Unknown Cause			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-7, 1953, to 6-7, 1953, that I last saw the deceased alive on 6-7, 1953, and that death occurred at 2:15 A.M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
George A. Edwards		JOHNS HOPKINS HOSPITAL		6-7-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		June 11-1953		Holy Rosary Balto., Co., Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
JUN 8 1953		[Signature]		Wm. S. Fialkowski 2007 Eastern Ave	

CONFIDENTIAL
U.S. GOVERNMENT
OFFICE OF THE DIRECTOR
OF THE BUREAU OF INVESTIGATION
WASHINGTON, D.C.

TO : DIRECTOR, FBI
FROM : SAC, NEW YORK
SUBJECT: [Illegible]

RE: [Illegible]
[Illegible]

Very truly yours,
[Illegible Signature]
Special Agent in Charge

[Illegible text in right column]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-200
53 5321

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

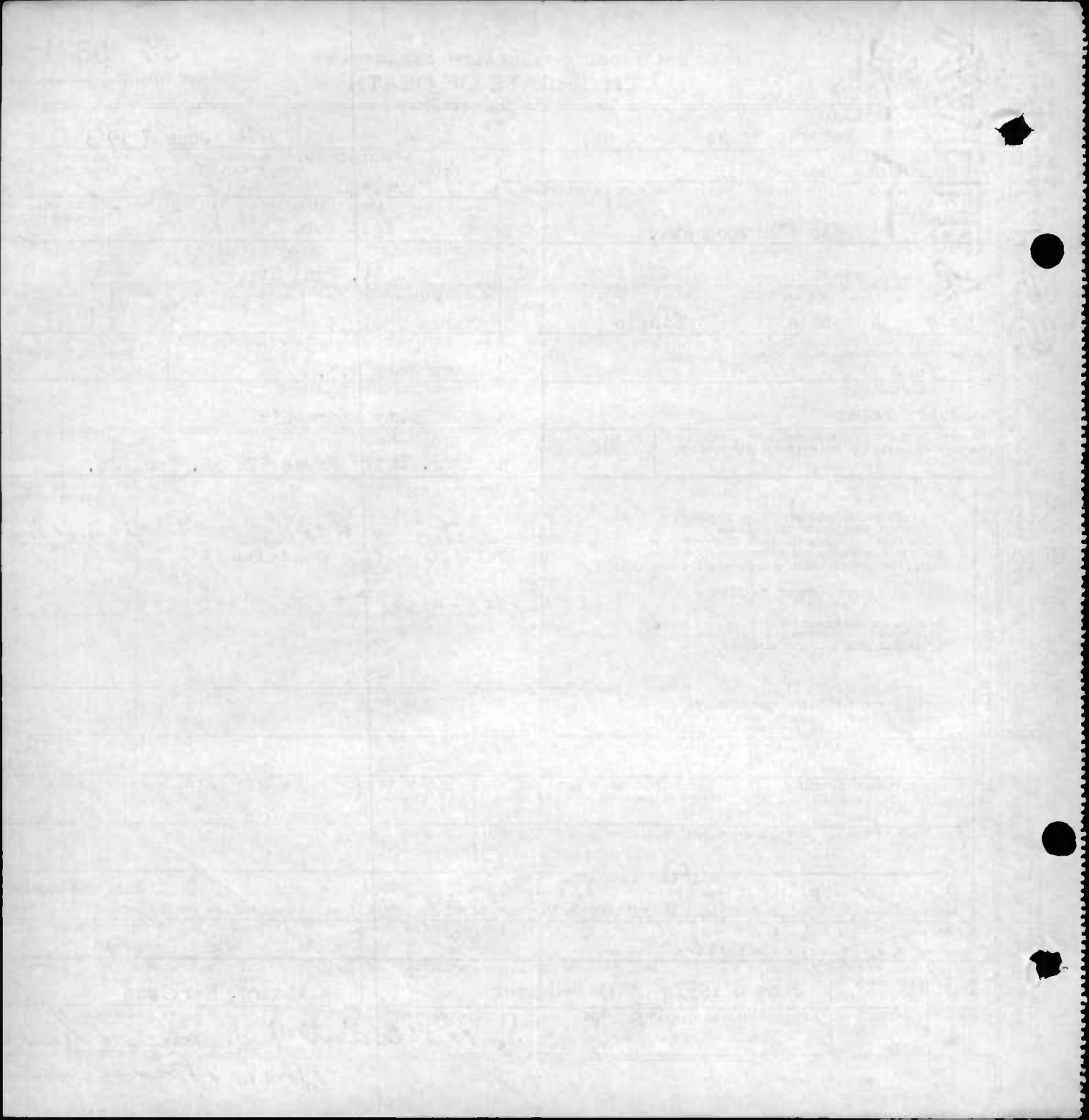
53 5321

Registered No. _____

1. NAME OF DECEASED (Type or Print) Roberto Reyes			2. DATE OF DEATH June 7 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 538 Richwood Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 524 St. Paul Street		
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 28 1953	9. AGE (In years last birthday) 2 9	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			11. BIRTHPLACE (State or foreign country) New York N.Y.		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Edward Reyes			14. MOTHER'S MAIDEN NAME Betty Rodreguiz		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Betty Reyes			ADDRESS 524 St. Paul St.		

18. 571.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Dehydration + Acidosis (electrolyte imbalance)	CAUSE OF DEATH (A) Dehydration + Acidosis (electrolyte imbalance) DUE TO (B) Exercising DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH 5 known days? longer.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Wed June 3 , 19 53 , to _____, 19____, that I last saw the deceased alive on Wed June 3 , 19 53 , and that death occurred at 7 4 m. , from the causes and on the date stated above.					
23A. SIGNATURE Robert Kalodules		23B. ADDRESS 2502 Euteria Place		23C. DATE SIGNED June 7, 1953	
24A. BURIAL CREMATION REMOVAL (Specify) Burial		24B. DATE June 8 1953		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR William J. Tucker & Sons		ADDRESS North & Anna Ave	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-600
533 55322BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5322

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ben Baer

2. DATE
OF
DEATH

June 6, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

932 Brooks Lane

C. CITY OR TOWN (If outside corporate limits, write RAL and give township!)

Baltimore

D. STREET ADDRESS (If rural, give location)

932 Brooks Lane

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

April 26, 1882

9. AGE (In years
last birthday)

71

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

Clothing

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Isaac Baer

14. MOTHER'S MAIDEN NAME

Theresa --

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mr. Henry L. Blum, Jr.-2811 Cheswolde Rd.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary thrombosis

Immediate

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic heart disease

15 years

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

Emphysema Chronic bronchitis

20 years

19A. DATE OF OPERATION

None

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1941 to June 6, 1953, that I last saw the
deceased alive on April 20, 1953, and that death occurred at 8 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Hertak b. Gundersheimer, Jr.

23B. ADDRESS

Rivers Gts. Suburban

23C. DATE SIGNED

June 6, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/8/53

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Tichener & Sons

ADDRESS

Balto. 17 Md.

53 2532

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2532

Name of Deceased		Age		Sex		Race		Date of Birth		Date of Death		Place of Birth		Cause of Death		Disease		Signature of Physician		Signature of Registrar	
John Doe		45		Male		White		1910		1955		New York		Heart Disease		Myocardial Infarction		[Signature]		[Signature]	
Occupation		Education		Marital Status		Religion		Usual Residence		Place of Death		Time of Death		Manner of Death		Medical History		Hospital Name		City and State	
Teacher		High School		Married		Catholic		123 Main St		Home		8:00 PM		Natural		Hypertension, Diabetes		St. Mary's		Baltimore, MD	
Date of Burial		Place of Burial		Name of Burial Place		Name of Minister		Name of Officiant		Name of Witnesses		Name of Undertaker		Name of Embalmer		Name of Funeral Home		Name of City		Name of State	
1955		Catholic Cemetery		St. Mary's		Rev. John Smith		Rev. John Smith		John Doe, Jane Doe		John Doe		John Doe		John Doe		Baltimore		Maryland	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5328

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THEODORE (NOVAK) NOVICK

2. DATE
OF
DEATH

JUNE 6, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

MERCY HOSPITAL, INC.

C. CITY OR TOWN

BALTIMORE

D. STREET ADDRESS (If rural, give location)

704 W. BALTIMORE ST.

c. Length of stay in Baltimore

YEARS

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWER

8. DATE OF BIRTH

MAY 11, 1882

9. AGE (In years last birthday)

71

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MACHINIST

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

RUSSIA

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

DEMETRIA NOVAK

14. MOTHER'S MAIDEN NAME

ANASTASIA —

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

UNKNOWN

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

HOSPITAL RECORDS

18. 147X and E 954.7

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) CARDIAC ARREST

DUE TO ANESTHESIA + ARTERIO-SCLEROSIS

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY

William W. H. H. H.
CHIEF OF ART. MED. EXAMINER.INTERVAL BETWEEN
ONSET AND DEATH5 MIN
20 MIN
+ YEARSII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CARCINOMA OF THE HYPOPHARYNX

1 YEAR

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Hospital

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Calvert St.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

6-6-53 9:40 A. m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

anesthesia

22. I hereby certify that I attended the deceased from JUNE 2, 1953, to JUNE 6, 1953 that I last saw the deceased alive on JUNE 6, 1953, and that death occurred at 9:40 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph J. Michels

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

6-6-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 9-53

24C. NAME OF CEMETERY OR CREMATORY

Holy Trinity R.

24D. LOCATION (City, town, or county)

Elkridge Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25A. FUNERAL DIRECTOR

J. G. Gribanovskas Jr.

ADDRESS

19256 Pratt

W. A. C. C. C.

W. A. C. C. C.

W. A. C. C. C.

W. A. C. C. C.

W. A. C. C. C.

W. A. C. C. C.

W. A. C. C. C.

W. A. C. C. C.

W. A. C. C. C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				53 5324	
CERTIFICATE OF DEATH				Registered No.	
5-512 MAR-169207 53 NO. 5324					
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
Ida Simpson			June 1, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Ave.			A. STATE Maryland B. COUNTY		
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			D. STREET ADDRESS (If rural, give location)		
Baltimore			705 Vine Street		
c. Length of stay in Baltimore Life			5. SEX F		
6. COLOR OR RACE N			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wid.		
8. DATE OF BIRTH Nov. 3, 1887			9. AGE (In years last birthday) 65		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H-W.			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME ?			14. MOTHER'S MAIDEN NAME Mable Carey		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		
B. C. H. 4940 Eastern Ave. (records)					
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH		
Cerebro-vascular Accident			INTERVAL BETWEEN ONSET AND DEATH		
DUE TO					
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		
			IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 4-2, 1953 to 6-1, 1953 that I last saw the deceased alive on 6-1, 1953, and that death occurred at 7 A. m., from the causes and on the date stated above.					
23A. SIGNATURE H. J. B. R.			23B. ADDRESS 4940 Eastern Ave., Balto., Md.		
23C. DATE SIGNED 6-1-1953					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 6-9-53		
24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary			24D. LOCATION (City, town, or county) Cedar Hill Md.		
25. FUNERAL DIRECTOR			ADDRESS		
DATE RECEIVED BY LOCAL REGISTRAR			REGISTRAR'S SIGNATURE		
JUN 8 1953			H. J. B. R.		
VS 150			H. J. B. R. - 918- H. J. B. R. - 918- H. J. B. R. - 918-		

2
14

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 5325

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Mary Ellen McDonald Schmidt2. DATE
OF
DEATHJune 6-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto.

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution)

4003 Chesley Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto27-05

D. STREET ADDRESS (If rural, give location)

4003 Chesley Ave

c. Length of stay in Baltimore

Life

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov 3 1878

9. AGE (in years last birthday)

74

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR INDUSTRY

House work

11. BIRTHPLACE (State or foreign country)

Balto.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John McDonald

14. MOTHER'S MAIDEN NAME

Catherine Horah

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

H. Bernard Schmidt18. 321X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

11 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Arterio-sclerosis5 yrs

(C)

Hypertension5 yrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from May 26 1953 to June 6 1953 that I last saw the deceased alive on June 6 1953 and that death occurred at 4:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Edw. H. Benson M. D.

23B. ADDRESS

110 Overlea Ave

23C. DATE SIGNED

6/6/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

JUNE 9 1953

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER CH 4430 BELAIR RD MD

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

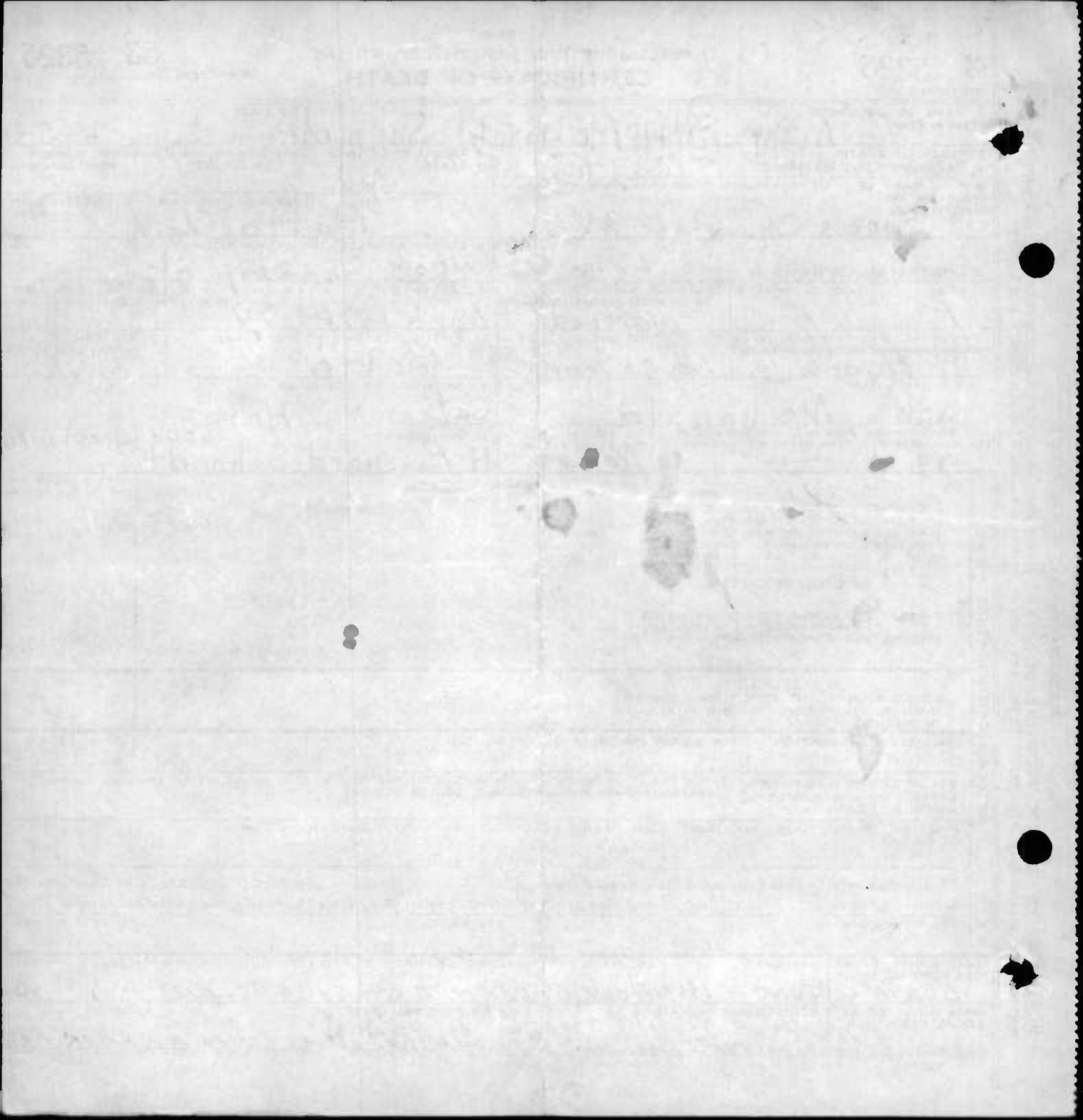
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

7110 BELAIR RD



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 5326**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Margeret E. Huber**2. DATE
OF
DEATH**June 7/53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

533 N. Decker Ave.Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Dec. 4-1872

9. AGE (in years last birthday)

80If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Louis F. Taeber

14. MOTHER'S MAIDEN NAME

Mary F. Vichery

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Emily A. Murray 533 N. Decker Ave.

18.

331 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 29**, 19**53** to **June 7**, 19**53**, that I last saw the deceased alive on **June 6**, 19**53**, and that death occurred at **12** m., from the causes and on the date stated above.

23A. SIGNATURE

Albert Scametto

M. D.

23B. ADDRESS

1724 W. Lombard St

23C. DATE SIGNED

6/8/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 10-53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Ce.

24D. LOCATION (City, town, or county)

Balto.

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

30

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Huntington Williams, M.D. John H. Miller 2334 J. Howard St

John S. Wilson - 1894

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 53 5327

53 5327
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Mary S. Gaines</u>			2. DATE OF DEATH <u>6-6-1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>406 E. Lafayette Ave.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 12-05</u>		
c. Length of stay in Baltimore <u>50 yrs.</u>			D. STREET ADDRESS (If rural, give location) <u>406 E. Lafayette Ave.</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9-1-1876</u>		9. AGE (in years last birthday) <u>76</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>Benges Balto., Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13. FATHER'S NAME <u>Jerry Staton</u>			14. MOTHER'S MAIDEN NAME <u>Unknown</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>Vina Washington 406 E. Lafayette Ave.</u>		

18. <u>445X</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH <u>Malignant Hypertension</u>	INTERVAL BETWEEN ONSET AND DEATH <u>1 yr plus</u>
(A) DUE TO			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <u>6</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>June 5, 1952</u> , to <u>June 6, 1953</u> , that I last saw the deceased alive on <u>June 5, 1953</u> , and that death occurred at <u>10:40 m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Dr. J. Julian</u>		23B. ADDRESS <u>511 N. Enoch St.</u>		23C. DATE SIGNED <u>6/8/53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>6-10-1953</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary Cems.</u>	
24D. LOCATION (City, town, or county) <u>Anne Arundel Co. Md.</u>		25. FUNERAL DIRECTOR <u>Huntington Williams, M. Randolph J. Collick</u>		ADDRESS <u>1412 E. Preston St.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

P-624
53 5328BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5328
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John L. Pragel

2. DATE
OF
DEATH

June 6, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

3807 Fifth St.,

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3807 Fifth St., (Brooklyn)

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 22, 1883

9. AGE (In years
last birthday)

70

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Shoot Metal Business

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George L. Pragel

14. MOTHER'S MAIDEN NAME

Louise Booker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
217-05-3617

17. INFORMANT

ADDRESS

George L. Pragel 3412 Piedmont Ave.,

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Congestive heart failure

1 1/2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Anteromedial cardiovascular

(C)

dissecting aortic myocardial
infarction

2 yrs

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 31 Aug, 1952 to 2 June, 1953, that I last saw the
deceased alive on 2 June, 1953, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D. Dan

23B. ADDRESS

J. 00X 124 Hill Hwy #21

23C. DATE SIGNED

6 June 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-9-1953

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park 532 Baltimore, Md

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong 3207 W. North Ave.,

5004 Ritchie Highway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED
(Type or Print)

ELMER FRANCE WILLIAMS

2. DATE
OF
DEATH

June 6, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2003 Ramblewood Avenue

C. CITY OR TOWN (If outside corporate limits, write full name, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2003 Ramblewood Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Aug, 9, 1893

9. AGE (in years
last birthday)

59

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Inspector Railway

10B. KIND OF BUSINESS OR
INDUSTRY

Express

11. BIRTHPLACE (State or foreign country)

Chambersburgh, Penna

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James W. Williams

14. MOTHER'S MAIDEN NAME

Salome Martin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

714-05-6641

17. INFORMANT

ADDRESS

Mrs. Irene L. K. Williams, 2003 Ramblewood

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary Occlusion

INTERVAL BETWEEN
ONSET AND DEATH

6/6/53

ANTECEDENT CAUSES

(B) DUE TO
(C)DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947 to 6/6/53, that I last saw the
deceased alive on 6/1 1953 and that death occurred at 9:30 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 10, 1953

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 8 1953

Huntington Williams, M.D.

Leonard J. Pack, 5305 Harford Road #14

VS 150

53350

Dr. Karfgin

4331 Harford Road

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-325
53 5330
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5330

1. NAME OF DECEASED (Type or Print) Monsine Matsen			2. DATE OF DEATH June 5, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3118 Weaver Avenue			C. CITY OR TOWN (If outside corporate limits, write R.U.R.A. and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			O. STREET ADDRESS (If rural, give location) 3118 Weaver Avenue		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug. 10, 1873	9. AGE (In years last birthday) 79	11. BIRTHPLACE (State or foreign country) Norway
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME ?			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Mabel Linggren, 3118 Weaver Avenue			ADDRESS		
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cerebral Hemorrhage DUE TO (B) Arteriosclerotic Hypertension DUE TO (C) Unknown INTERVAL BETWEEN ONSET AND DEATH 5 days			19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-7-53 , 19 53 , to 6-5-53 , 19 53 , that I last saw the deceased alive on 6-5- , 19 53 and that death occurred at 5 P m. from the causes and on the date stated above.					
23A. SIGNATURE C. W. P. Smith			23B. ADDRESS 4501 Harford Rd.		
23C. DATE SIGNED 6-5-53					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 9, 1953		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland					
DATE RECEIVED BY LOCAL REGISTRAR JUN 8 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		FURNERAL DIRECTOR'S SIGNATURE Leonard J. Ruck	
VS 150		ADDRESS 5305 Harford Road #14			

Dr. Peake

E 630
53 5331BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5331

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles T. Ehart

2. DATE
OF
DEATH

6/5/53.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

S. B. G. N.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore 15-04

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

208 WASH L OVEN RD.

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

8-25-75

9. AGE (In years last birthday)

77

If Under 1 Year

Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

INVESTIGATOR

10B. KIND OF BUSINESS OR INDUSTRY

FRANK FORD JET.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Anselm.

14. MOTHER'S MAIDEN NAME

Appolina Kaufman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No.

16. SOCIAL SECURITY NO.

216 03 0962

17. INFORMANT

ADDRESS

Family - JANE

18. 332X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Encephalopathy

DUE TO

weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cerebral vascular thrombosis weeks
(C) generalized arteriosclerosis years

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Chronic nephritis years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 5-13-53 to 6-5-53, that I last saw the deceased alive on 6-5-53 and that death occurred at 8 p. m., from the causes and on the date stated above.

23A. SIGNATURE

W. McConway

23B. ADDRESS

M. D.

South Baltimore Canal

23C. DATE SIGNED

6-5-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

B.

24B. DATE

6/9/53.

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county)

Baltio.

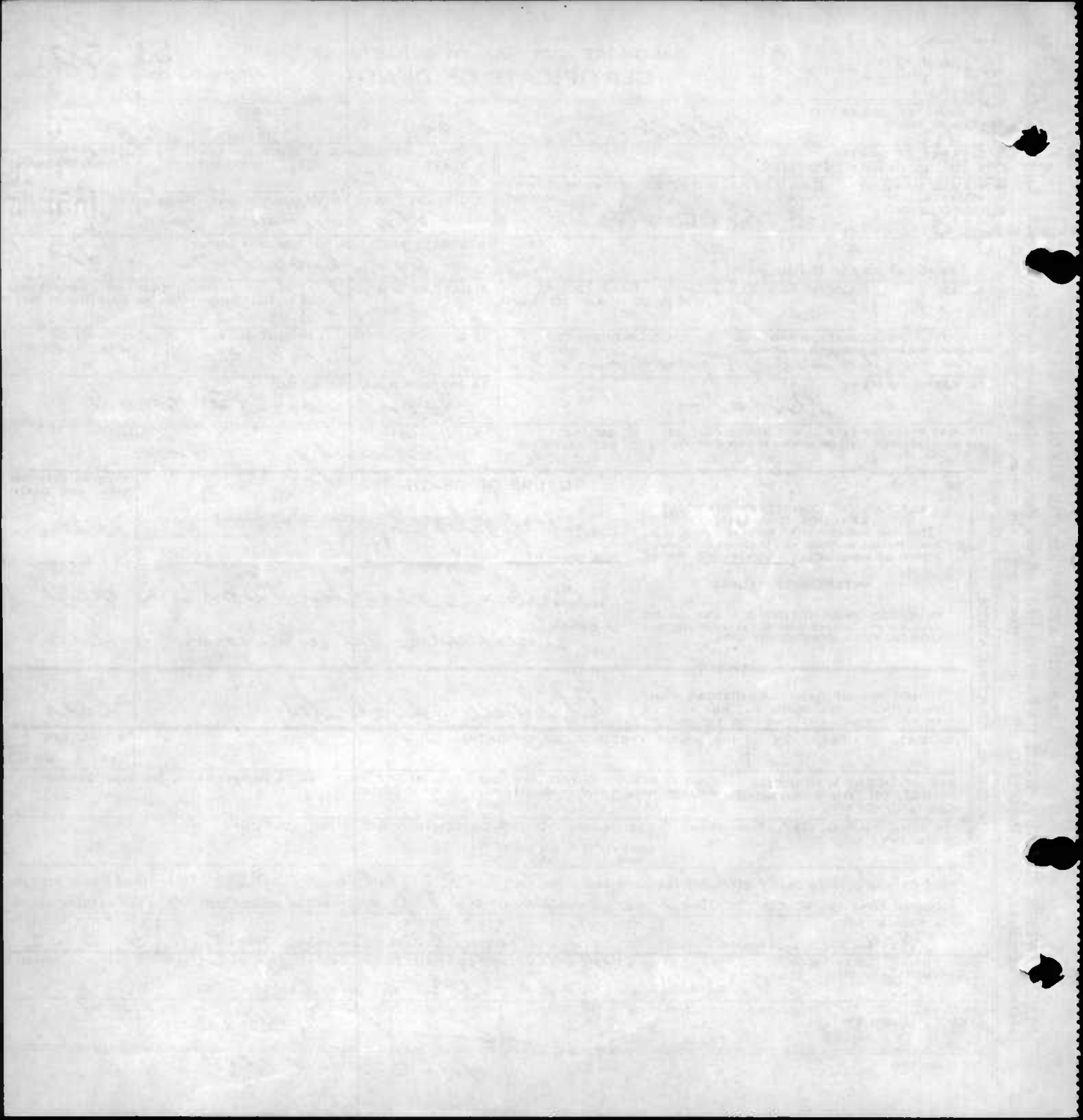
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 A 612
5332

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5332

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Grace L. Axbough

2. DATE
OF
DEATH

6/7/53.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1013 Herndon Ct.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 25-00

D. STREET ADDRESS (If rural, give location)

1013 Herndon Court.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

9.1.1900

9. AGE (In years last birthday)

52

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NIGHTIAN

10B. KIND OF BUSINESS OR INDUSTRY

Hosp

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Sheppard

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same

18. 171X and 260X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Carcinoma of cervix & metastases

1 1/2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 30, 1952 to June 6, 1953, that I last saw the deceased alive on May 10, 1953, and that death occurred at 2:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Edw. R. Gehlert

M. D.

23B. ADDRESS

4708 Pennington Ave.

23C. DATE SIGNED

6/8/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

B.

24B. DATE

6.10.53

24C. NAME OF CEMETERY OR CREMATORY

GLEN HAVEN

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

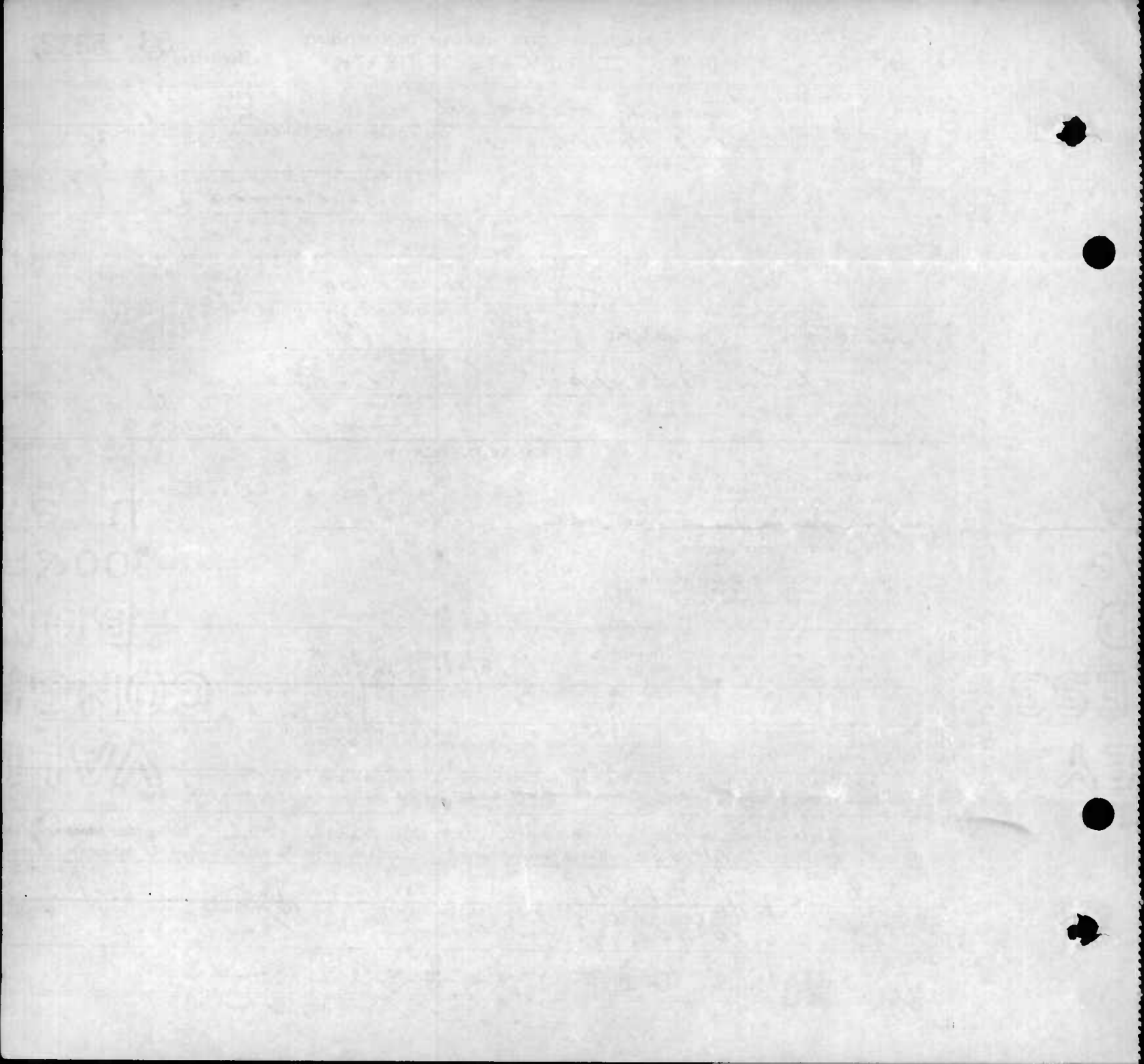
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

130 E. FORT AVE.

034 8T



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 5333**

\$-651
53 5333

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Johanne Scharrenbeck			2. DATE OF DEATH June 5/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) General German Aged Peoples Home, 22 S. Athol Ave.			C. CITY OR TOWN (If outside corporate limits, write CITY and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 22 S. Athol Ave		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 5, 1865		9. AGE (In year: last birthday) 88
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Sr. Fredericks, 22 S. Athol Ave.		

18. 154X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardio-Respiratory failure			CAUSE OF DEATH Cardio-Respiratory failure			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinoma of rectum			DUE TO Carcinoma of rectum					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. C. metastases to Lung. Atherosclerosis, generalized.			DUE TO C. metastases to Lung. Atherosclerosis, generalized.					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from June 1952 , to June 5, 1953 , that I last saw the deceased alive on 5 June, 1953 , and that death occurred at 2:10 P.M. , from the causes and on the date stated above.								
23A. SIGNATURE William J. Ryan			23B. ADDRESS 4605 Edmondson Ave			23C. DATE SIGNED 8 June 53		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 8/53		24C. NAME OF CEMETERY OR CREMATORY Loudon Park		24D. LOCATION (City, town, or county) (State) Baltimore, Md.		
DATE RECEIVED BY LOCAL REGISTRAR June 8 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Harry H. Witten		ADDRESS 4101 Edmondson Ave.		

33 3000

CERTIFICATE OF DEATH

WATLEY
CONGREGATIONAL
CHURCH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 5334

Registered No. _____

53 5334

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MRS. ANNABACKERMAN

2. DATE
OF
DEATH

6-6-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

ST. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

6318 Mount Ridge Rd.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

3-12-1877

9. AGE (In years last birthday)

76

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

-----Thomas

14. MOTHER'S MAIDEN NAME

-----Brooks

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Howard Durham, 6318 Mount Ridge R

18. E903.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

uremia

DUE TO

Arterioscl. cardio. Vasc.

ANTECEDENT CAUSES

(B)

Renal Disease

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

CERTIFICATION APPROVED BY

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Fracture Rt. hip

CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION

15 May 53

19B. MAJOR FINDINGS OF OPERATION

Pneumonia Rt. hip

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

6318 Mount Ridge Rd.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

5-12-53

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

slipped + fell to floor

22. I hereby certify that I attended the deceased from 5-13, 1953, to 6-6, 1953, that I last saw the deceased alive on 6-5, 1953, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Harry L. Thompson

23B. ADDRESS

St. Agnes Hosp.

23C. DATE SIGNED

6-6-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 9/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Harry F. Witzke, 4101 Edmondson

ADDRESS

4101 Edmondson

VS 150

N 820.0

100-100000

RECEIVED STATE OF TEXAS

DEPARTMENT OF HEALTH

FOR THE STATE OF TEXAS

100-100000

RECEIVED

RECEIVED STATE OF TEXAS

DEPARTMENT OF HEALTH

FOR THE STATE OF TEXAS

RECEIVED STATE OF TEXAS

DEPARTMENT OF HEALTH

FOR THE STATE OF TEXAS

RECEIVED STATE OF TEXAS

DEPARTMENT OF HEALTH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 5335F616
53 5335
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Wendell Philip Freeburger</u>			2. DATE OF DEATH <u>June 7, 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>22 North Gorman Avenue</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore <u>78</u> Yrs. Mon. Days			D. STREET ADDRESS (If rural, give location) <u>22 North GORMAN Avenue</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>November 2, 1875</u>		9. AGE (In years last birthday) <u>77</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Commission Merchant Foods</u>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>
13. FATHER'S NAME <u>?</u>			14. MOTHER'S MAIDEN NAME <u>?</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>			16. SOCIAL SECURITY NO. <u>215-09-4288</u>		17. INFORMANT ADDRESS <u>Elizabeth Freeburger, 22 N. GORMAN AVE</u>
18. <u>420.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			CAUSE OF DEATH (A) <u>Acute coronary INFARCTION 21hrs</u> DUE TO (B) <u>Arteriosclerotic Heart Disease with HYPERTENSION</u> DUE TO (C) <u>Virus Pneumonia</u>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH <u>? years</u> <u>3 weeks</u>		
19A. DATE OF OPERATION <u>0</u>			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>February, 1950</u> , to <u>June 7</u> , 1953, that I last saw the deceased alive on <u>June 7</u> , 1953, and that death occurred at <u>11:10 Pm.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Melvin N. Bonden</u>			23B. ADDRESS <u>5000 Old Frederick Road</u>		23C. DATE SIGNED <u>6/7/53</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24B. DATE <u>6-10-53</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Lorraine Park</u>		24D. LOCATION (City, town, or county) (State) <u>BALTO. County Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 8 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR ADDRESS <u>GEORGE L. Schwab 2101 Frederick Ave.</u>	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Name of Deceased		John F. Smith	
Date of Birth		March 15, 1892	
Place of Birth		Baltimore, Maryland	
Sex		Male	
Race		White	
Marital Status		Married	
Occupation		Clerk	
Cause of Death		Heart Disease	
Date of Death		March 25, 1945	
Place of Death		Home	
Physician		Dr. J. H. Jones	
Burial Place		St. Mary's Cemetery	
Burial Date		March 27, 1945	
Signature of Physician		J. H. Jones	
Signature of Registrar		J. H. Jones	
Signature of Coroner		J. H. Jones	
Signature of Medical Examiner		J. H. Jones	
Signature of Undertaker		J. H. Jones	
Signature of Burial Society		J. H. Jones	
Signature of Cemetery		J. H. Jones	
Signature of Funeral Home		J. H. Jones	
Signature of Family		J. H. Jones	
Signature of Friends		J. H. Jones	
Signature of Neighbors		J. H. Jones	
Signature of Community		J. H. Jones	
Signature of City		J. H. Jones	
Signature of State		J. H. Jones	
Signature of Nation		J. H. Jones	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-612

53 5336

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5336

BIRTH NO

1. NAME OF DECEASED
(Type or Print)

Edwin Robert Travis

2. DATE
OF
DEATH

June 6, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med - Opl 6

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

206 Leslie Ave.

5300

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9-30-11

9. AGE (In years
last birthday)

41

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Insurance Agent

10B. KIND OF BUSINESS OR
INDUSTRY

Mutual Common wealth

11. BIRTHPLACE (State or foreign country)

Penn

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Wm Travis

14. MOTHER'S MAIDEN NAME

Ellen Moran

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

712-18-3211

17. INFORMANT

ADDRESS

✓

JOHNS HOPKINS HOSPITAL

18.

416x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cardiac Decompensation

6 mo.

ANTECEDENT CAUSES

DUE TO

(B)

Rheumatic Heart Disease

310 yrs.

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

MEDICAL CERTIFICATION

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-4, 1953, to 6-6, 1953, that I last saw the
deceased alive on 6-6, 1953, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Michael W. Miller

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

6/6/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/9/53

24C. NAME OF CEMETERY OR CREMATORY

Cathary Cemetery

24D. LOCATION (City, town, or county)

Johnston City NY

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 8 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Kassahn Funeral Home

ADDRESS

7401

VS 150

45073

Blairst Rd

10

100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 5337**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN F. JANESEK

2. DATE
OF
DEATH

June 6, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2512 McElderry St.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write R.U.M. and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2512 McElderry St.

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 22, 1887

9. AGE (In years
last birthday)

66

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Pipe Mechanic

10B. KIND OF BUSINESS OR
INDUSTRY

Bethlehem Steel Corp

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JOHN JANESEK

14. MOTHER'S MAIDEN NAME

Josephine Charvat

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, an or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

213-07-7602

17. INFORMANT

ADDRESS

Elizabeth Svoboda Janesek, wife, above

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) CORONARY OCCLUSION

1 Hour

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ARTERIOSCL. C.V. disease

2 yrs

DUE TO

(C) Arterioscl. generalized

5 yrs

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/26/53, 19, to 6/6/53, 19, that I last saw the
deceased alive on 6/5/53, 19, and that death occurred at 11 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 9, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Belair Rd., Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Schimunek Funeral Home, Inc.

2601-3-5 E. Madison St.

VS 150

5543A

STATE OF NEW YORK
DEPARTMENT OF CORRECTIONS
RECORDS SECTION

INVESTIGATION OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY

REMARKS

SIGNATURE OF PHYSICIAN

SIGNATURE OF SURGEON

SIGNATURE OF JUDGE

SIGNATURE OF CLERK

SIGNATURE OF WITNESS

SIGNATURE OF DECEASED

SIGNATURE OF NEXT OF KIN

SIGNATURE OF ATTORNEY

SIGNATURE OF MINISTER

SIGNATURE OF CHURCH

SIGNATURE OF FUNERAL HOME

SIGNATURE OF BURIAL

SIGNATURE OF INTERMENT

SIGNATURE OF CREMATION

SIGNATURE OF REINTERMENT

SIGNATURE OF REBURY

SIGNATURE OF REINBURSEMENT

SIGNATURE OF REIMBURSEMENT

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SIGNATURE OF REIMBURSEMENT

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 5338**

K-000 53 5338 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 5338	
1. NAME OF DECEASED (Type or Print) Marv Key			2. DATE OF DEATH June 6, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE _____ B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 728 W. Lexington St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 728 W. Lexington St.		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH May 12, 1888	9. AGE (in years last birthday) 65	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A
13. FATHER'S NAME Webster Taylor			14. MOTHER'S MAIDEN NAME Julia Miller		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. Luther Butler St. Mary Co., Md		
18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Colon DUE TO (A) _____ (B) _____ (C) _____			INTERVAL BETWEEN ONSET AND DEATH 2. Approx 2y		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Cachexia			2.		
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov , 19 50 , to June 6 , 19 53 , that I last saw the deceased alive on June 4 , 19 53 , and that death occurred at 6 p m. , from the causes and on the date stated above.					
23A. SIGNATURE H. Harland Pursell		23B. ADDRESS 1038 Edmonden		23C. DATE SIGNED 6-8-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-9-53	24C. NAME OF CEMETERY OR CREMATORY St. Peters Cem		24D. LOCATION (City, town, or county) (State) St. Mary Co., Md.
DATE RECEIVED BY LOCAL REGISTRAR JUN 8 1953		REGISTRAR'S SIGNATURE Huntington		25. FUNERAL DIRECTOR Mr. Francis C. Hensley	
VS 150		ADDRESS 578 W. Biddle St.			

8838 33

1938.0 1000

1000.0 1000

1000.0 1000

1000.0 1000

1000.0 1000

1000.0 1000

1000.0 1000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 5339

BIRTH NO. 53 5339 *London*

1. NAME OF DECEASED (Type or Print) *Baby Carl Cox*

2. DATE OF DEATH *5/20/53*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *MD* B. COUNTY *Baltimore*

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE *Sevier Hospital*

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

7. STREET ADDRESS (If rural, give location)
9219 Ravenwood #16

8. Length of stay in Baltimore *1* Days

9. SEX *F* 10. COLOR OR RACE *W* 11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *S*

12. DATE OF BIRTH *5/19/53* 13. AGE (In years last birthday) *5* 14. If Under 1 Year Months: Days 15. If Under 24 Hours Hours: Min. *15 20*

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

17. KIND OF BUSINESS OR INDUSTRY

18. BIRTH PLACE (State or foreign country) *Balto Md.* 19. CITIZEN OF WHAT COUNTRY? *USA*

20. FATHER'S NAME *Luther Cox* 21. MOTHER'S MAIDEN NAME *Satterfield*

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) 23. SOCIAL SECURITY NO.

24. INFORMANT ADDRESS

18. *776x* I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH *Prematurity*

INTERVAL BETWEEN ONSET AND DEATH *15' 20"*

(A) DUE TO

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *5/19* 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

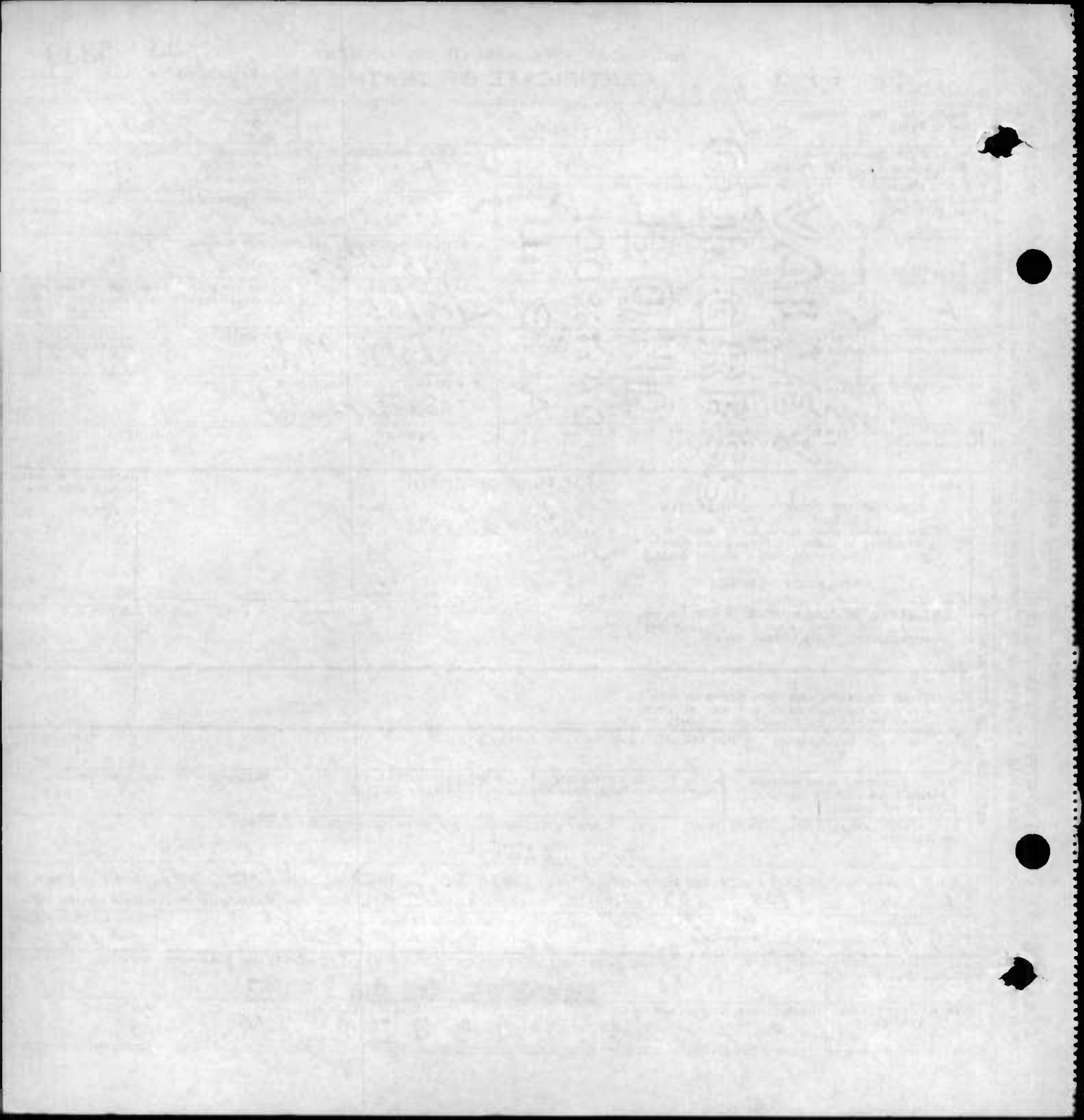
22. I hereby certify that I attended the deceased from *5/19* 19*53*, to *5/20*, 19*53*, that I last saw the deceased alive on *5/20*, 19*53*, and that death occurred at *5:00* A. M., from the causes and on the date stated above.

23A. SIGNATURE *S. Roman Shumay* 23B. ADDRESS *Sevier Hospital* 23C. DATE SIGNED *5/20/53*

24A. BURIAL, CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)

25. FUNERAL DIRECTOR ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR *JUN 8 1953* REGISTRAR'S SIGNATURE *Huntington Williams* 25. FUNERAL DIRECTOR *Huntington Williams, M.D.* ADDRESS



M-420 CERTIFICATE CORRECTED 6-11-53

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5340
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Frederick L.
FREDRICK Miles2. DATE
OF
DEATH

JUNE 8, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Singer Hosp. of Baltimore Inc.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD.

B. COUNTY

MAGERS TOWN Washington

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Magers town Shady Bower

D. STREET ADDRESS (If rural, give location)

R.F.D. 2, Clear Spring, Md. 7103

c. Length of stay in Baltimore

5 weeks

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

July 16, 1893

9. AGE (In years
last birthday)

60

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Wood Worker

10B. KIND OF BUSINESS OR
INDUSTRY

Furniture Factory

11. BIRTHPLACE (State or foreign country)

Big Spring, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Miles

14. MOTHER'S MAIDEN NAME

Amanda Bowers

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

219-20-3491

17. INFORMANT

ADDRESS

Mrs. Marv Miles, Clear Spring R.D. Md.

18. 572.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 to June 8, 1953, that I last saw the
deceased alive on June 8, 1953 and that death occurred at 8 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Monton Goodhart

M. D.

23B. ADDRESS

Civic Way.

23C. DATE SIGNED

June 8, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 8, 1953

24C. NAME OF CEMETERY OR CREMATORY

Huntington Memorial

24D. LOCATION (City, town, or county)

Clear Spring

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Memorial

24E. FUNERAL DIRECTOR

Adrian H. Rowland

ADDRESS

Clear Spring Md.

057 00

CONFIDENTIAL DE USE

057 00

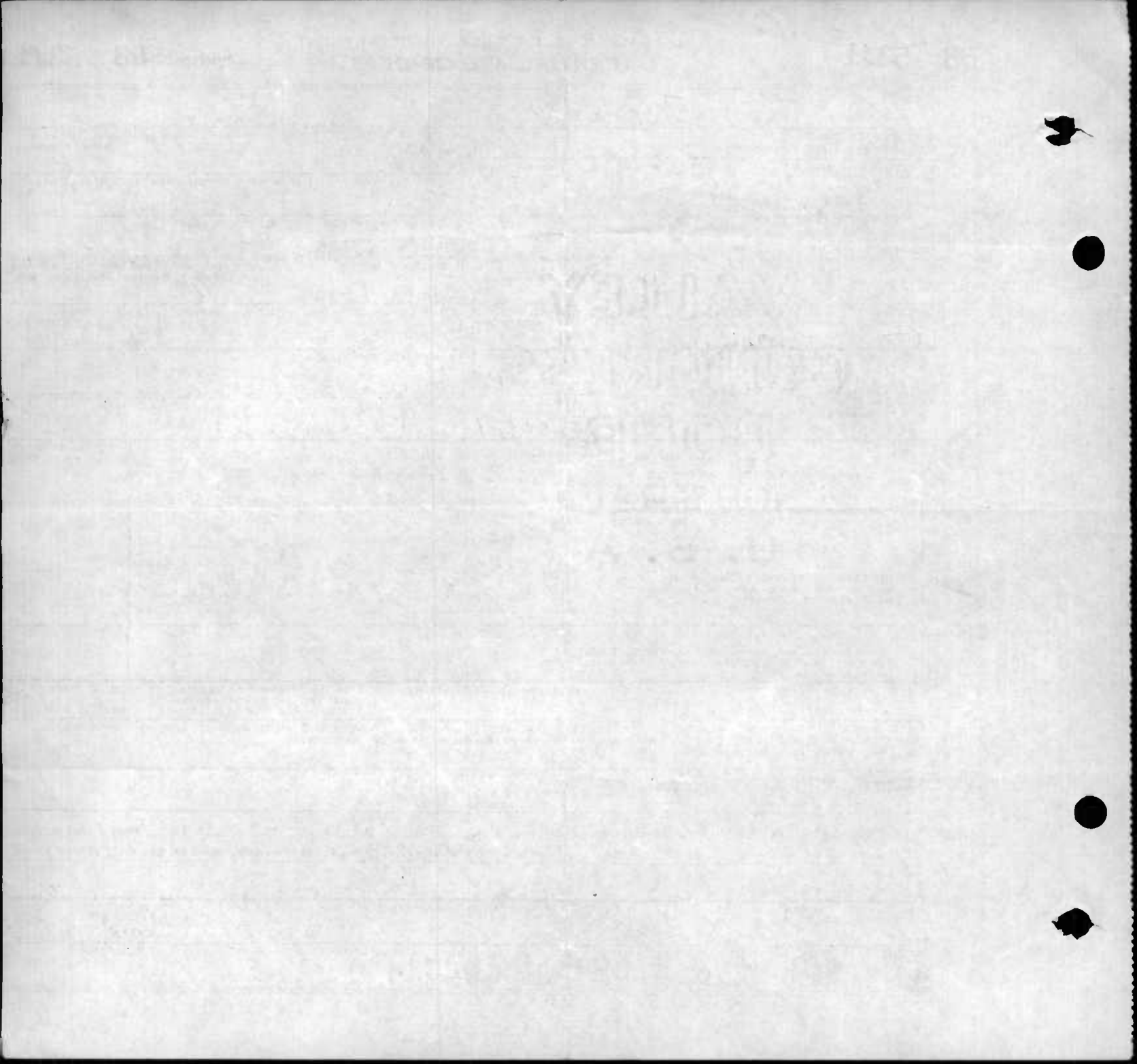
APRIL 1967

MAIL ROOM

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Baltimore City Health Department				Registered No. 53 5341	
CERTIFICATE OF DEATH					
BIRTH NO. 5341		1. NAME OF DECEASED (Type or Print) <i>John Beers</i>			
2. DATE OF DEATH <i>6-6-53</i>					
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University</i>		C. CITY OR TOWN (If outside corporate limits, write R.U.L. and give township) <i>Balto</i>			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>416 Green St.</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>June 11, 1888</i>	9. AGE (In years last birthday) <i>64</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Attendant Barbering</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Pa.</i>	
13. FATHER'S NAME <i>Mark Beers</i>		14. MOTHER'S MAIDEN NAME <i>Hanna Foxell</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>209-07-3701</i>		17. INFORMANT ADDRESS <i>Luth Beers (wife) Wash DC</i>	
18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH <i>Acute Pulmonary Edema. — Shows</i> (A) <i>Chronic Hypertension and Arteriosclerosis</i> DUE TO <i>Heart Disease</i> (B) <i>Acute Myocardial Infarction</i> DUE TO <i>Due to Prolonged Coronary Insufficiency</i> (C)		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>None</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6-6</i> , 19 <i>53</i> , to <i>6-6</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>6-6</i> , 19 <i>53</i> , and that death occurred at <i>10:50 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>R. S. Frazier Jr.</i>		23B. ADDRESS <i>University Heights</i>		23C. DATE SIGNED <i>6-7-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>June 8 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Bellwood Blaine Co Pa</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>June 8 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D. - 514</i>		25. FUNERAL DIRECTOR ADDRESS <i>McCormac & Son</i>	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-152		BALTIMORE CITY HEALTH DEPARTMENT		53	5342
53		5342		Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) Col. EARL PARKER ROBINSON				2. DATE OF DEATH June 5, 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Md. b. COUNTY Baltimore	
b. FULL NAME OF (If not in hospital or institution, give street address or location) 2200 Garrison Blvd.				c. CITY OR TOWN (If outside corporate limits, state R.R. & give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days				d. STREET ADDRESS (If rural, give location) 2200 Garrison Blvd.	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 6, 1889	9. AGE (In years last birthday) 64	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Engineer		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Kentucky	
13. FATHER'S NAME Frank F. Robinson			12. CITIZEN OF WHAT COUNTRY? Kentucky		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) yes		16. SOCIAL SECURITY NO. World 1 & II		17. INFORMANT ADDRESS Mrs. Gertrude Robinson-2200 Garrison Bl	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Coronary Thrombosis - DUE TO INTERVAL BETWEEN ONSET AND DEATH Immediate					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Coronary Artery Disease - DUE TO (C) ?					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. none.					
19a. DATE OF OPERATION None		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		19c. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 2, 1953, to June 5, 1953, that I last saw the deceased alive on June 5, 1953, and that death occurred at 6 P. M., from the causes and on the date stated above.					
23a. SIGNATURE Frank H. Orden		23b. ADDRESS 2701 N. Calvert St.		23c. DATE SIGNED June 8, 53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/9/53		24c. NAME OF CEMETERY OR CREMATORY Arlington National Cem.	
24d. LOCATION (City, town, or county) (State) Arlington, Va.		24e. DATE RECEIVED BY LOCAL REGISTRAR JUN 8 1953		24f. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24g. FUNERAL DIRECTOR J. Lickner & Sons		24h. ADDRESS Bath. 17, Md.		VS 150	

043 50

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

June 2, 1951

City of Baltimore, Maryland

Age 72

Married

White

Male

Female

Residence

Residence

Residence

Place of Birth

Place of Birth

Signature of Registrar

Signature of Registrar

D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L-360
53 5343BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 5343

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) HURLEY J. LOWDER		2. DATE OF DEATH June 7, 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE md. b. COUNTY			
b. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) 4901 E. Chase St.			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-23-1899	9. AGE (In years last birthday) 53	10. Under 1 Year Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paint Dept.		10b. KIND OF BUSINESS OR INDUSTRY Auto Assembling		11. BIRTHPLACE (State or foreign country) North Carolina	
13. FATHER'S NAME John Lowder		14. MOTHER'S MAIDEN NAME Mary Ellensides			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL	

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH approx. 2 weeks
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic Heart Disease		Unknown
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION 0		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-25 , 1953 to 6-7 , 1953 that I last saw the deceased alive on 6-7 , 1953, and that death occurred at 6:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE John H. Ligon		23b. ADDRESS JOHNS HOPKINS HOSPITAL		23c. DATE SIGNED 6/7/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/9/53		24c. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.		24d. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 8 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. J. Tickener & Sons		ADDRESS Balto. 17, Md.	

56435

101

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

MEMORANDUM FOR THE DIRECTOR

SUBJECT: [Illegible]

DATE: [Illegible]

TO: [Illegible]

FROM: [Illegible]

RE: [Illegible]

[Illegible text follows, including a large section of text that is mostly unreadable due to fading and bleed-through.]

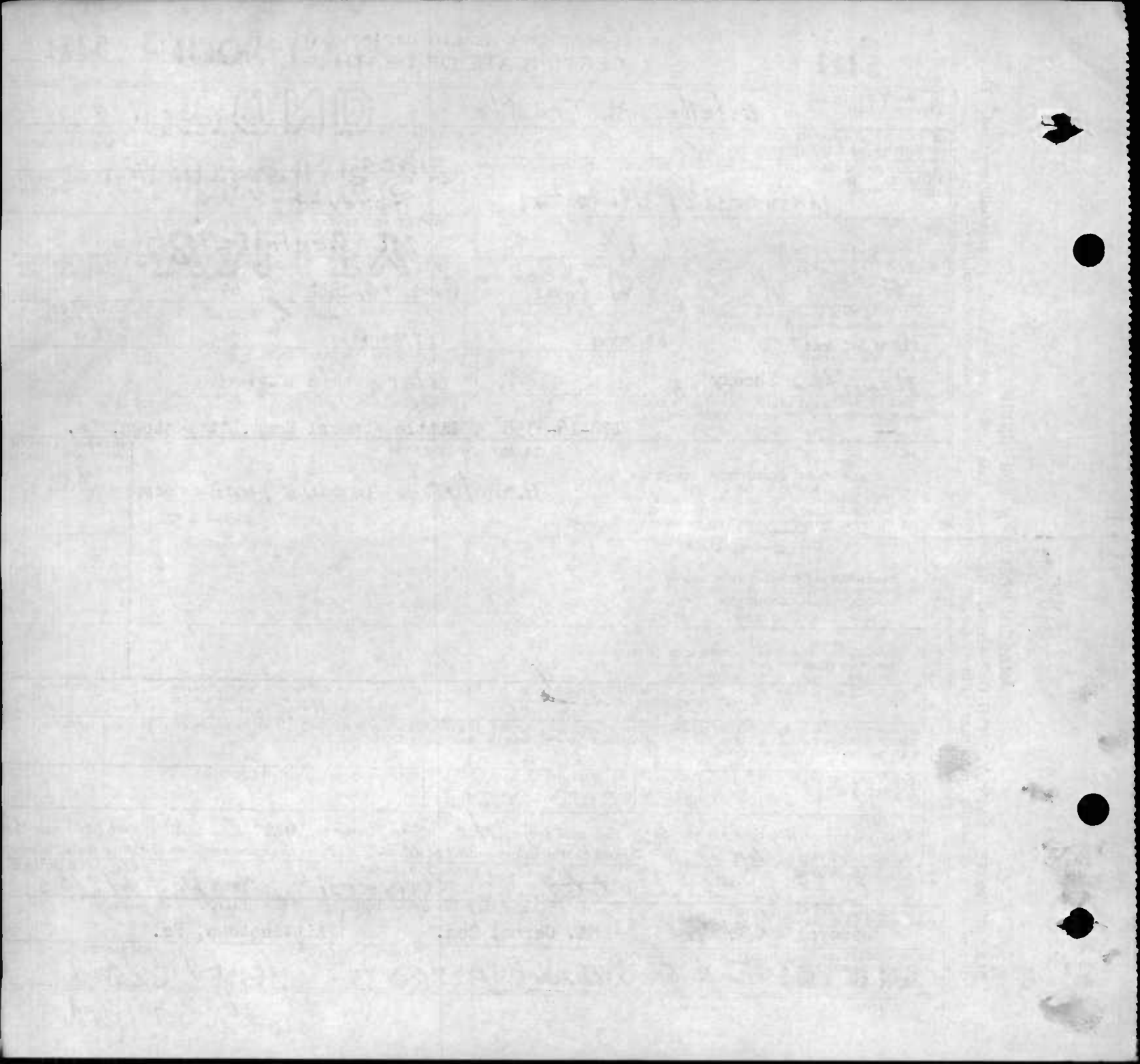
Very truly yours,
[Illegible Signature]

[Illegible Title]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 53 5344	
1. NAME OF DECEASED (Type or Print) Estelle M. Trostle				2. DATE OF DEATH Jan. 7, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland <input checked="" type="checkbox"/>				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Penn. B. COUNTY V-35	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION University Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hanover	
C. Length of stay in Baltimore 1 1/2 Yrs. Mos. Days <input checked="" type="checkbox"/>				D. STREET ADDRESS (If rural, give location) 706 Carlisle St.	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Jan. 23, 1884	9. AGE (In years last birthday) 69
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Penn.	
13. FATHER'S NAME Hamilton Sheely				14. MOTHER'S MAIDEN NAME Clara Howard	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) --		16. SOCIAL SECURITY NO. 178-16-3358		17. INFORMANT ADDRESS Little Funeral Home, Littlestown, Pa.	
18. 292.1 CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Hemolytic anemia, unknown cause				4 mo.	
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21F. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from 4-22, 1953 to 6-7, 1953 , that I last saw the deceased alive on 6-7, 1953 , and that death occurred at 10:20 pm. , from the causes and on the date stated above.					
23A. SIGNATURE C. E. Stennett M. D.		23B. ADDRESS University Hosp.		23C. DATE SIGNED 6/8/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 6/8/53		24C. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cem.	
24D. LOCATION (City, town, or county) (State) Littlestown, Pa.		24E. FUNERAL DIRECTOR Thurston, Williams, M. J. & Son		24F. ADDRESS Balto 17, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 8 1953		REGISTRAR'S SIGNATURE Thurston, Williams, M. J. & Son		25. FUNERAL DIRECTOR Thurston, Williams, M. J. & Son	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-10-20 S-10-20 53 5345		CERTIFICATE CORRECTED 6-17-53		BALTIMORE CITY HEALTH DEPARTMENT		53 5345	
BIRTH NO.				Registered No.			
1. NAME OF DECEASED (Type or Print) Betty E. Speake SPEAKS				2. DATE OF DEATH June 7, 1953			
3. PLACE OF DEATH: a. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Ind. b. COUNTY 6-04			
b. FULL NAME OF (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL				c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Yrs. Mos. Days				d. STREET ADDRESS (If rural, give location) 228 N. Washington St			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Apr 20, 1901	9. AGE (In years last birthday) 53	10. Under 1 Year Months Days	11. Under 24 Hours Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Gloucester Ky	
12. CITIZEN OF WHAT COUNTRY? USA				13. FATHER'S NAME Albert Speake			
14. MOTHER'S MAIDEN NAME Mamie Macey				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			
16. SOCIAL SECURITY NO.				17. INFORMANT JOHNS HOPKINS HOSPITAL			
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Ventricular rupture				INTERVAL BETWEEN ONSET AND DEATH ? 10 min.			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Myocardial infarction				DUE TO ? 1 w.k.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19a. DATE OF OPERATION 6-10-53		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at Darby , from the causes and on the date stated above.							
23a. SIGNATURE Richard H. Peeler M. D.				23b. ADDRESS JOHNS HOPKINS HOSPITAL		23c. DATE SIGNED 6-8-53	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6-10-53		24c. NAME OF CEMETERY OR CREMATORY Belcrest		24d. LOCATION (City, town, or county) (State) Annapolis Md	
DATE RECEIVED BY LOCAL REGISTRAR JUN 8 1953		REGISTRAR'S SIGNATURE Huntington Williams M.D.		25. FUNERAL DIRECTOR Edwin Taylor & Son		ADDRESS Annapolis Md	
VS 150 Medical Examiners Case released to Hospital							

8-22-82

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10-1-82

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10-1-82

CONGRESS

AND

JOURNAL

10-1-82

10-1-82

S-550
53 5346BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5346

BIRTH NO.				1. NAME OF DECEASED (Type or Print) ISAAC SAMUEL SIMMON				2. DATE OF DEATH 6-7-53			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Balto.				C. CITY OR TOWN Cockeysville (If outside corporate limits, write RURAL and give township)			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1105 E FAYETTE ST.				D. STREET ADDRESS (If rural, give location) 5300				c. Length of stay in Baltimore 1 month Yrs. Mos. Days			
5. SEX male		6. COLOR OR RACE white		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widower		8. DATE OF BIRTH Aug. 11, 1876		9. AGE (In years last birthday) 76		If Under 1 Year: Months Days; If Under 24 Hours: Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer				10B. KIND OF BUSINESS OR INDUSTRY farm				11. BIRTHPLACE (State or foreign country) West Virginia			
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13. FATHER'S NAME ?				14. MOTHER'S MAIDEN NAME ?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no				16. SOCIAL SECURITY NO. —				17. INFORMANT Samuel Simmon, Cockeysville ADDRESS Cockeysville			
18. 290.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PERNICIOUS ANEMIA DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ARTERIOSCLEROTIC HEART DISEASE				CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH 1 yr.			
19A. DATE OF OPERATION 0				19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>				21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from MAY 16 , 19 53 , to JUNE 7 , 19 53 , that I last saw the deceased alive on 6-5- , 19 53 , and that death occurred at 6:00 P.m. , from the causes and on the date stated above.											
23A. SIGNATURE E. Ellsworth				23B. ADDRESS 2431 MARYLAND AVENUE				23C. DATE SIGNED 6-7-53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial				24B. DATE 6-10-53				24C. NAME OF CEMETERY OR CREMATORY Bosley Methodist Spary, Md.			
24D. LOCATION (City, town, or county) (State) Scotts Brook, Spary, Md.				25. FUNERAL DIRECTOR Huntington Williams, Md.				ADDRESS Scotts Brook, Spary, Md.			

— 127 —

Copy

10

10. 11. 1944

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH.

Registered No. 5347

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM CONNER

2. DATE
OF
DEATH

6/6/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Cancer Home & Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

20

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10 Under 1 Year Months Days

11 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

592X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Generalized arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK

NOT WHILE AT WORK

22. I hereby certify that I attended the deceased from 5/14, 1953 to 6/6, 1953 that I last saw the deceased alive on 6/6, 1953 and that death occurred at 6:05 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

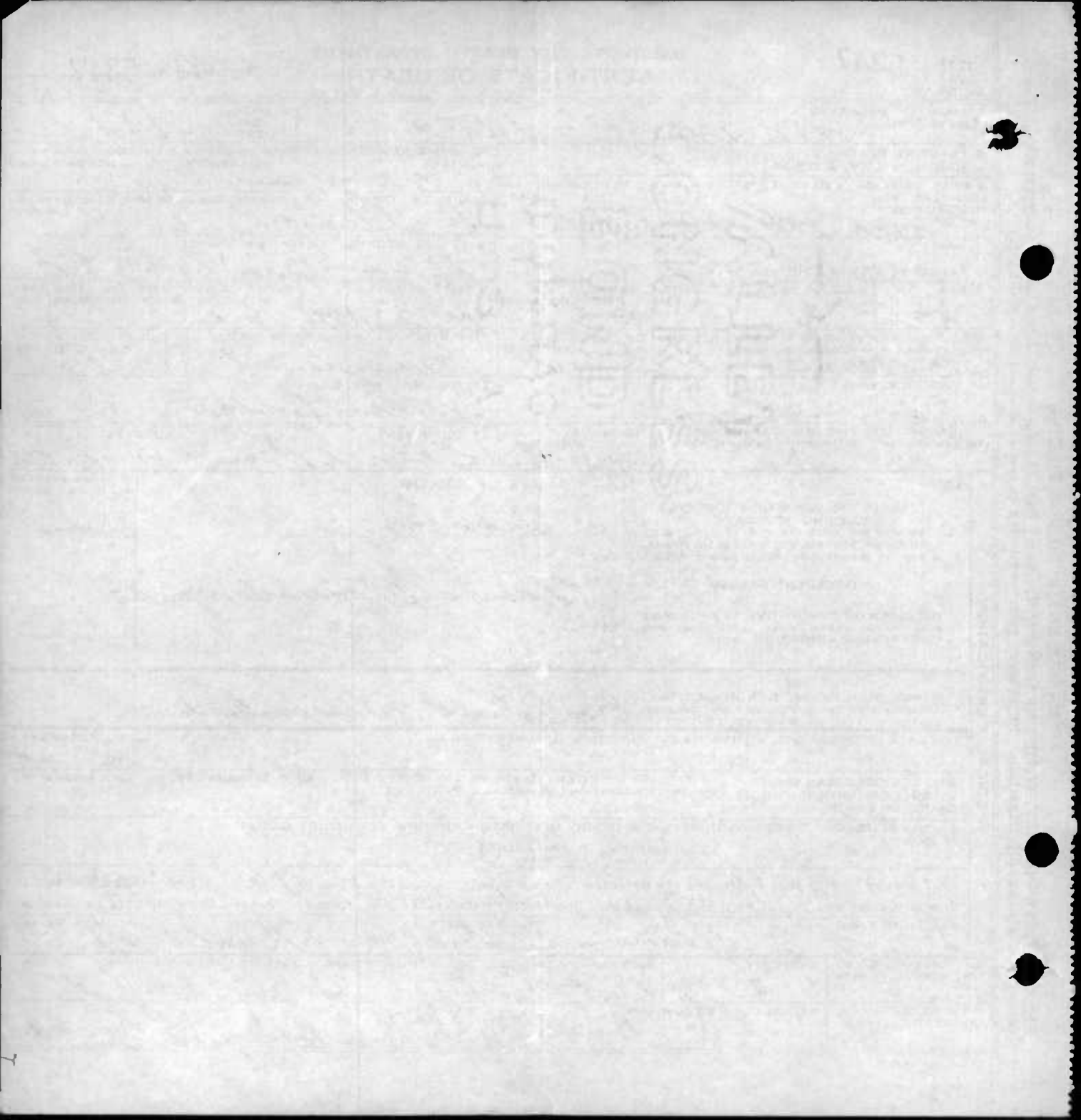
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 5348
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 5348
Registered No.

1. NAME OF DECEASED (Type or Print) DORA RUSSELL			2. DATE OF DEATH 5-9-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY Balto.		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Morgue			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) 19-01		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1825 LINDEN AVE		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Unknown	9. AGE (in years last birthday) 34	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Unknown		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS none		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary artery CAUSE TO Sclerosis		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) (Min.)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE William Upchurch		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED 5-10-53	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
		UNIVERSITY MEDICAL SCHOOL	MAY 25 1953

DATE RECEIVED BY LOCAL REGISTRAR JUN 9 1953	REGISTRAR'S SIGNATURE Huntington Harrison, M.D.	25. FUNERAL DIRECTOR Huntington Harrison, M.D.	ADDRESS
VS 151			

St. A. R. S. S. S. S.

Female White

St. A. R. S. S. S. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-263
FVJ 168977
53 5349

CERTIFICATE AMEND 6/22/53 ES X

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5349
Registered No.

1. NAME OF DECEASED (Type or Print)		Richard Deigert		2. DATE OF DEATH 6-5-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN Baltimore		(If outside corporate limits, write RURAL and give township)	
c. Length of stay in Baltimore life		O. STREET ADDRESS (If rural, give location) Chase, Maryland		5200	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 29, 1934	9. AGE (In years last birthday) 18	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Charles Deigert		14. MOTHER'S MAIDEN NAME Louise Hartung	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 217-30-3890		17. INFORMANT B.C.H. 4940 Eastern Ave. (records)	
18. 342X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Brain Abscess (Pseudomonas)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO			
		(B) DUE TO			
		(C) DUE TO			
II OTHER SIGNIFICANT CONITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 3/28, 3/26, 4/29-1953		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Brain abscess		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 3-24-1953, to 6-5-1953 that I last saw the deceased alive on 6-5-1953, and that death occurred at 8:25 P.m., from the causes and on the date stated above.			
23A. SIGNATURE H. C. Johnson		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 6-5-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/8/53		24C. NAME OF CEMETERY OR CREMATORY Baltimore Memorial Gardens	
24D. LOCATION (City, town, or county) (State) Harford Co Md		24E. REGISTRAR'S SIGNATURE Huntington Williams		24F. FUNERAL DIRECTOR Hassahs Funeral Home, 7401 Balair Rd	
24G. DATE RECEIVED BY LOCAL REGISTRAR JUN 9 1953		VS 150			

See Document File

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

B-500
53 5350

BAINE
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 5350
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Thomas H Baine

2. DATE
OF
DEATH

June 7-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2850 Mayfield Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

2850 Mayfield Ave

c. Length of stay in Baltimore

*51- Yrs.
Mos.
Days*

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. *493X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)
DUE TO

Pneumonia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *June 1st 1953* to *June 7, 1953*, that I last saw the
deceased alive on *June 7, 1953* and that death occurred at *6 P* m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

William H. Fusting

M. D.

4230 Ash River Road

6-8-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

6/10/53

Parkwood Cem

Balto Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 9 1953

Huntington

Lassalle Funeral Home 7401 Balair Rd

VS 150

Dr. Wm. H. Fustling

4230 Loch Raven Blvd

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5351

BIRTH NO.

I. NAME OF DECEASED
(Type or Print)

Harrison C. Mills

2. DATE
OF
DEATH

June 8, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

4404. Raspe Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baito 26-01

D. STREET ADDRESS (If rural, give location)

4404 Raspe Ave

c. Length of stay in Baltimore

Life

5. SEX

m

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Sept 9-1869

9. AGE (In years
last birthday)

83

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Piano Service

11. BIRTHPLACE (State or foreign country)

Baito City, Md

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Wm Mills

14. MOTHER'S MAIDEN NAME

Martha A

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs Martha Wright 3324 Chesterfield Ave

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

1 day.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Atherosclerotic Carditis

6-Nov

(C)

DUE TO

Vascular Disease - Hypertension

1946

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-Nov, 1946, to 8-June, 1953, that I last saw the
deceased alive on 8-June, 1953, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Charles E. Edmunds

M. D.

23B. ADDRESS

2746 The Alameda

23C. DATE SIGNED

8-June-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/11/53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cen

24D. LOCATION (City, town, or county)

Baito Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. F. Williams

FUNERAL DIRECTOR

Lassahn Funeral Home

ADDRESS

7401. Balan Rd

Dr Edmunds chas Wm

2746. Alameda Blvd.

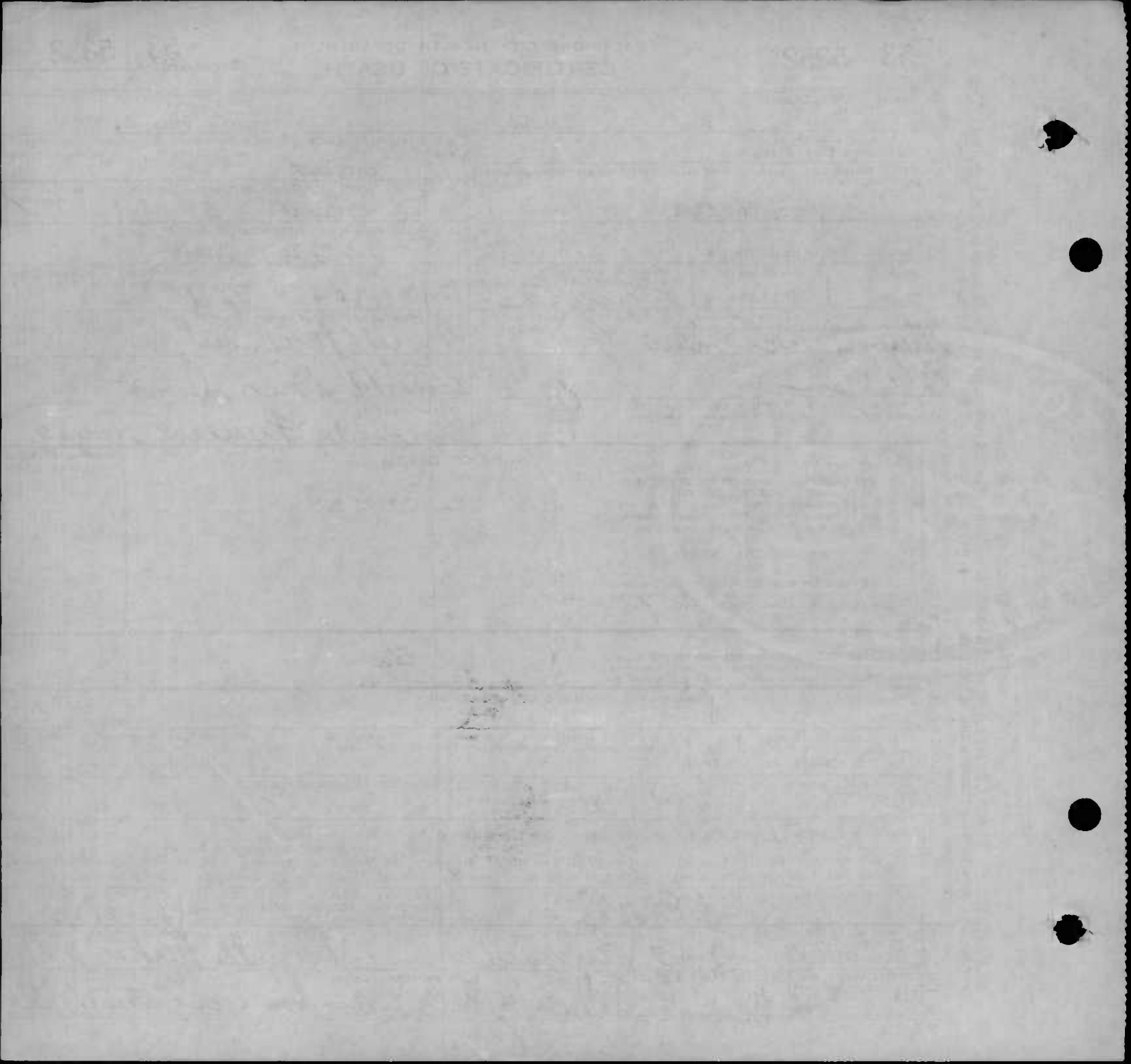
Belmar 5-9614

7-9 Monr.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I-220 53 5352		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 5352 Registered No.	
BIRTH NO.				2. DATE OF DEATH June 8, 1953	
1. NAME OF DECEASED (Type or Print) SOL ISAACS					
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Mercy Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 11-01	
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 115 E. Eager Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 12/3/1904	9. AGE (In years last birthday) 48	10. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired) Maintenance man
10A. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired) Maintenance man			11. BIRTHPLACE (State or foreign country) New York City		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Ralph			14. MOTHER'S MAIDEN NAME Anne D. Cantout		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Riverside Funeral Home			ADDRESS		
18. 420.1 CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				(A) Coronary sclerosis	
DUE TO					
ANTECEDENT CAUSES				(B) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE B. Fisher		23B. CHIEF MEDICAL EXAMINER M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED June 8, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 6-9-53		24C. NAME OF CEMETERY OR CREMATORY Rochell Park N.Y.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 9 1953		REGISTRAR'S SIGNATURE Huntington		25. FUNERAL DIRECTOR Jack Lewis 2400 Eutaw Rd	
VS 151 55499					



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 5353

BIRTH NO. 53 5353 53-12722

1. NAME OF DECEASED
(Type or Print)

Baby Carl Jenkins

2. DATE
OF
DEATH

6/3/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore 22-01

D. STREET ADDRESS (If rural, give location)

136 S. Charles St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

6/5/53

9. AGE (In years last birthday)

11 Under 1 Year Months: Days: 11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John James Jenkins

14. MOTHER'S MAIDEN NAME

Helen Josephine Badrock

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mary Mary Rewards

18. 776x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

Prematurity

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 6/5, 1953 to 6/5, 1953 that I last saw the deceased alive on 6/5, 1953, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Alfred T. Janney

M. D.

23B. ADDRESS

Mercy Hosp

23C. DATE SIGNED

6/5/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6-9-53

24C. NAME OF CEMETERY OR CREMATORY

St. Peter

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Seymour S. Farley

ADDRESS

Catonville Md.

JUN 9 1953

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

117A



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5354
Registered No. 535453 5354
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

JOHN ROBERT KNACHEL

2. DATE
OF DEATH June 7, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 134 N. Milton Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 6-02D. STREET ADDRESS (If rural, give location)
134 N. Milton Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days5. SEX
Male6. COLOR OR RACE
White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married8. DATE OF BIRTH
Jan. 12, 18749. AGE (in years last birthday)
79If Under 1 Year Months Days
If Under 24 Hours Hours Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Letter carrier10B. KIND OF BUSINESS OR INDUSTRY
Post Office Dept.11. BIRTHPLACE (State or foreign country)
Maryland12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George P. Knachel

14. MOTHER'S MAIDEN NAME

Caroline Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
No.16. SOCIAL SECURITY NO.
--17. INFORMANT ADDRESS
Mrs. Elizabeth Knachel 134 N. Milton Ave.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardio Vascular disease
Due to Atherosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Amputation Right leg & foot about
at City Hospitals 3 mos ago

(C) Bronchial & Cardiac Asthma

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 3rd 1953, to June 7, 1953, that I last saw the deceased alive on June 6, 1953, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John W. Clift

23B. ADDRESS

100 N. Milton Ave 6-7-53

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

June 10, 1953

24C. NAME OF CEMETERY OR CREMATORY
Oak Lawn24D. LOCATION (City, town, or county) (State)
Colgate, Md.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Ullrich Funeral Home 2008 Orleans St.

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

MEMORANDUM FOR THE DIRECTOR, FBI

DATE

TO : SAC, NEW YORK

FROM : SAC, NEW YORK

SUBJECT: [Illegible]

1. [Illegible]
2. [Illegible]
3. [Illegible]
4. [Illegible]
5. [Illegible]
6. [Illegible]
7. [Illegible]
8. [Illegible]
9. [Illegible]
10. [Illegible]

Very truly yours,
[Illegible Signature]

UNITED STATES DEPARTMENT OF JUSTICE

53 5355

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5355
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FLORENCE MARY BUSICK

2. DATE
OF
DEATH June 7, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2023 E. Monument St.,

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2023 E. Monument St.,

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 11, 1911

9. AGE (In years
last birthday)

41

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Caterer

10B. KIND OF BUSINESS OR
INDUSTRY

Catering-foods

11. BIRTHPLACE (State or foreign country)

Brooklyn, N.Y.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John H. Cox

14. MOTHER'S MAIDEN NAME

Anna Culligan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Herbert M. Busick, Sr. 2023 E. Monument St.

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) ...
DUE TO

Carcinoma of Breast

10 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TO

Acute Cardiac Failure

12 hours

(C) ...

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

12/16/52

19B. MAJOR FINDINGS OF OPERATION

Removal of Right Breast tumor. Frozen section showed carcinoma

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 30, 1952, to June 7, 1953, that I last saw the deceased alive on June 5, 1953, and that death occurred at 6:30 m., from the causes and on the date stated above.

23A. SIGNATURE

Israel Rosen

23B. ADDRESS

2413 E. Monument St.

23C. DATE SIGNED

6/8/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 10, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

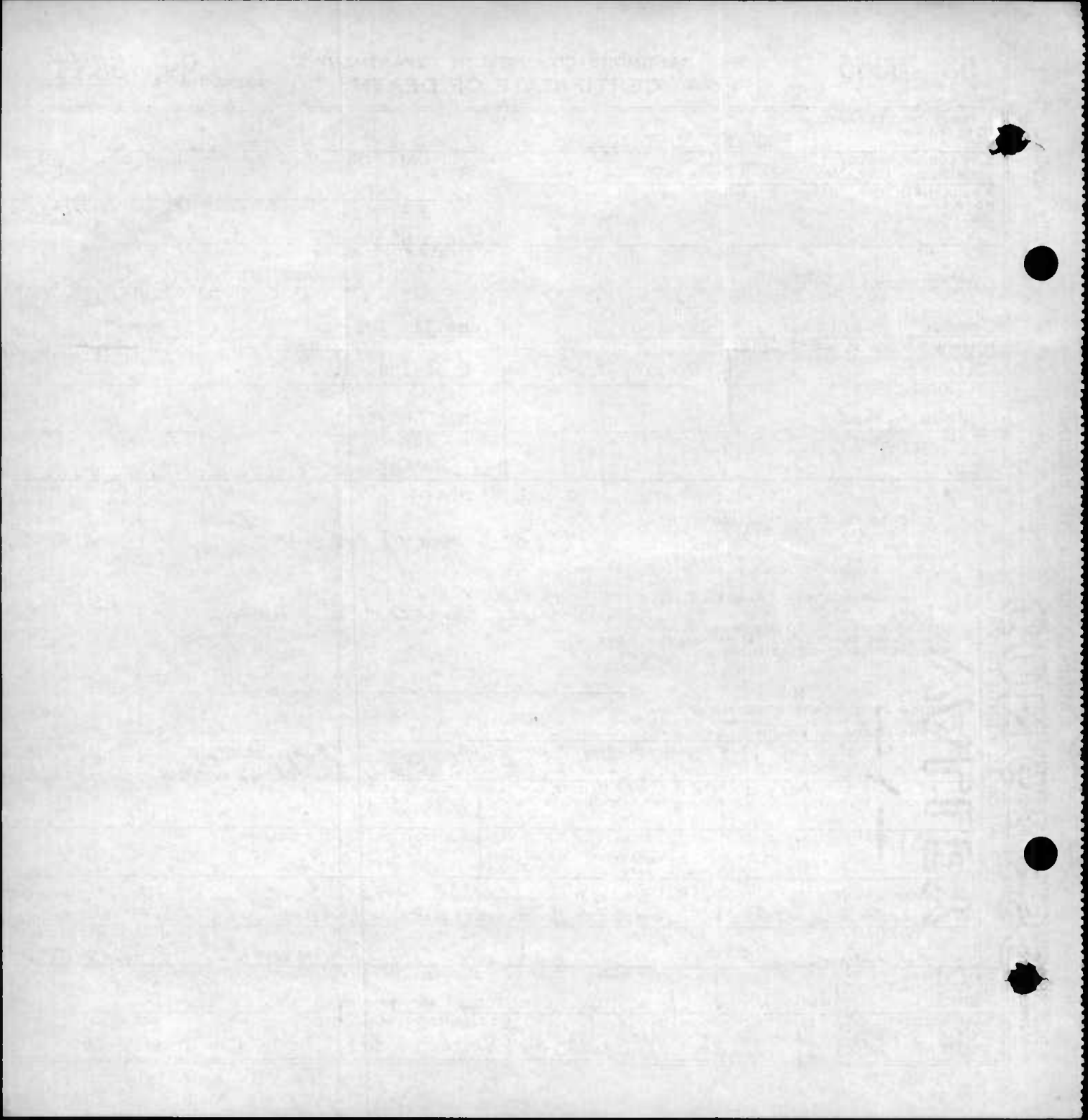
25. FUNERAL DIRECTOR

ADDRESS

Ullrich Funeral Home 2008 Orleans St.

VS 150

2906A



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5356

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lawrence A. Malloy Jr.

2. DATE
OF
DEATH

6-6-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION)

Bar-Nel-Ba-Cover Home

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

O. STREET ADDRESS (If rural, give location)

591 Baker St

c. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

9-30-74

9. AGE (In years last birthday)

78

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Crystal Shucker

10B. KIND OF BUSINESS OR INDUSTRY

packing House

11. BIRTHPLACE (State or foreign country)

Balt. Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Lawrence Malloy

14. MOTHER'S MAIDEN NAME

Charlotte Maddox

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

215-05-6782A

17. INFORMANT

ADDRESS

Mrs. J. Rhodes 589 Baker St

18. 592X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/6, 1953, to 6/6, 1953, that I last saw the deceased alive on 6/6, 1953, and that death occurred at 11-11 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Bar R. Little

M. O.

23B. ADDRESS

239 W. Skill St

23C. DATE SIGNED

6-6-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

B.

24B. DATE

6-10-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem

24D. LOCATION (City, town, or county)

Balt. City

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 9 1953

REGISTRAR'S SIGNATURE

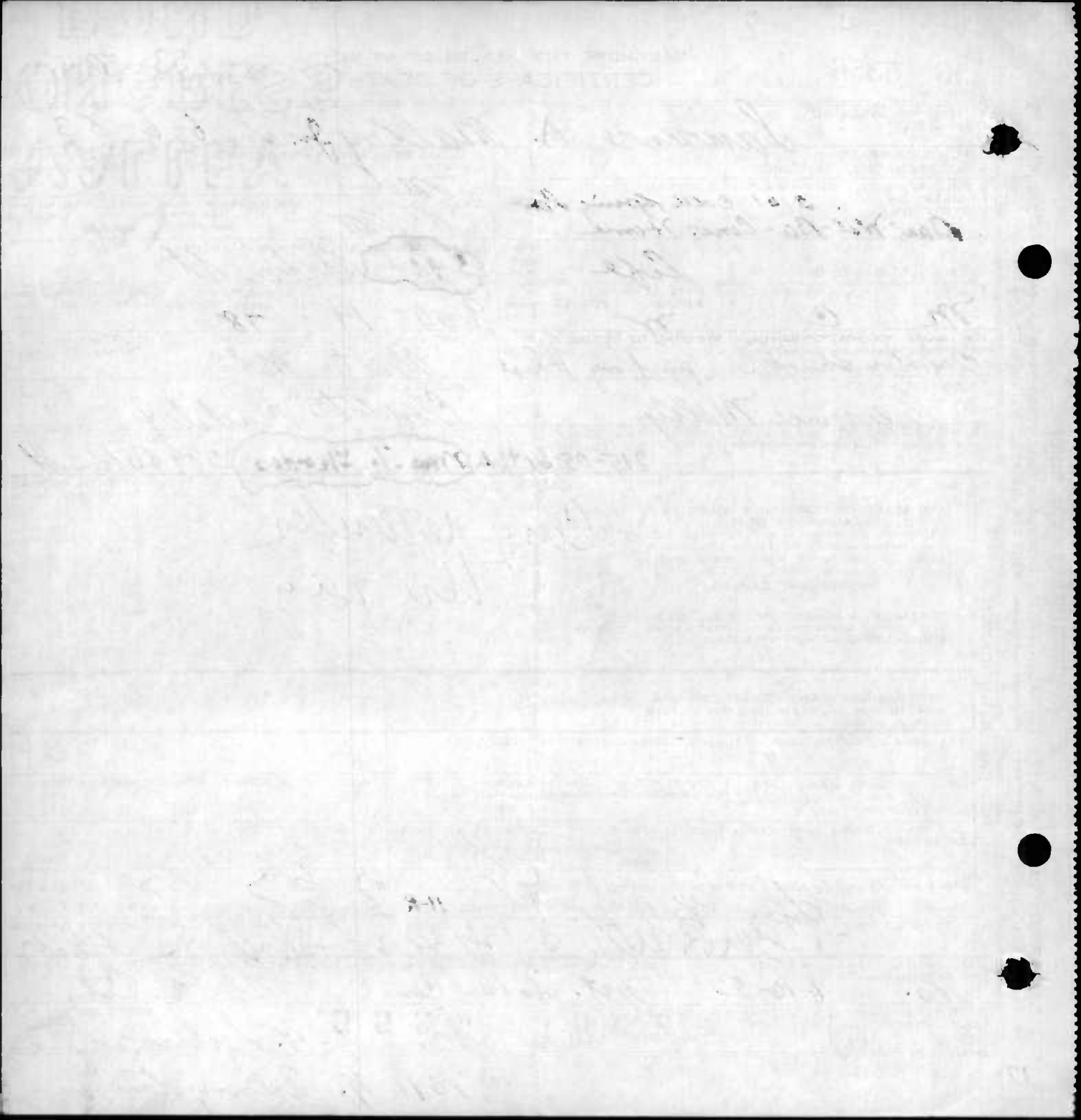
Huntington

25. FUNERAL DIRECTOR

Samuel W. Sullivan Jr

ADDRESS

1011 N. Arlington Ave



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

53 5357

53 5357

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ERNEST E. SCHROEDER

2. DATE
OF
DEATH

6/7/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 128 E. OSTEND

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY

128 E. Ostend St. Balt. Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore - Md. 24-03

D. STREET ADDRESS (If rural, give location)

128 E. Ostend St

c. Length of stay in Baltimore

75

Yrs.
Mos.
Days

5. SEX

m.

6. COLOR OR RACE

w.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Bee Spring Co.

13. FATHER'S NAME

Ernest Schroeder

8. DATE OF BIRTH

2/17/1876

9. AGE (In years last birthday)

77

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 422.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1 yr.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/7/53, 19, to —, 19, that I last saw the deceased alive on —, 19, and that death occurred at 4:20 A. M., from the causes and on the date stated above.

23A. SIGNATURE

J. B. Whitely M.D.

23B. ADDRESS

1279 Ingham St

23C. DATE SIGNED

6/8/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6/10/53

24C. NAME OF CEMETERY OR CREMATORY

Green Hill

24D. LOCATION (City, town, or county)

Riviera Highway

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. J. Foley & Sons

ADDRESS

1318 Light

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FEDERAL BUREAU OF INVESTIGATION
CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE		4. DATE OF BIRTH		5. PLACE OF BIRTH	
6. OCCUPATION		7. MARITAL STATUS		8. EDUCATION		9. RELIGION		10. RACE	
11. CAUSE OF DEATH		12. MANNER OF DEATH		13. PLACE OF DEATH		14. TIME OF DEATH		15. SIGNATURE OF DECEASED	
16. SIGNATURE OF WITNESS		17. SIGNATURE OF PHYSICIAN		18. SIGNATURE OF CORONER		19. SIGNATURE OF JUDGE		20. SIGNATURE OF CLERK	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BIRTH No. **53 5358** Registered No. **53 5358**

1. NAME OF DECEASED (Type or Print) THOMAS L. SHIPLEY		2. DATE OF DEATH June 7, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 13-07	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 818 Union Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct 23, 1934
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10B. KIND OF BUSINESS OR INDUSTRY Poly	9. AGE (in years last birthday) 18
13. FATHER'S NAME Raymond L. Shipley		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U.S.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Bessie G. Compton	
17. INFORMANT Bessie G. Shipley		ADDRESS 818 Union Ave	
18. E891.6 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carbon monoxide poisoning DUE TO (A)			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Garage	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Rear of 3727 Roland Avenue 13/7			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Found: 6/7/53 11:30 P. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21F. HOW DID INJURY OCCUR? Found apparently dead in closed garage with motor running			
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input checked="" type="checkbox"/> .			
23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED June 8, 1953			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 11/53	
24C. NAME OF CEMETERY OR CREMATORY Woodlawn		24D. LOCATION (City, town, or county) (State) Woodlawn, Md	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR Justin E. Donovan - 3818 Roland Ave	
REGISTRAR'S SIGNATURE		ADDRESS	

VS 151 **N968.0**

Nov 23, 1913

Chicago

Dear Sir,

Very

Respectfully

Yours truly,

W. L. Woodman

W. L. Woodman, 111 Union Ave.

W. L. Woodman

Nov 11, 1913

Chicago

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 5359
Registered No.

53 5359
BIRTH NO.

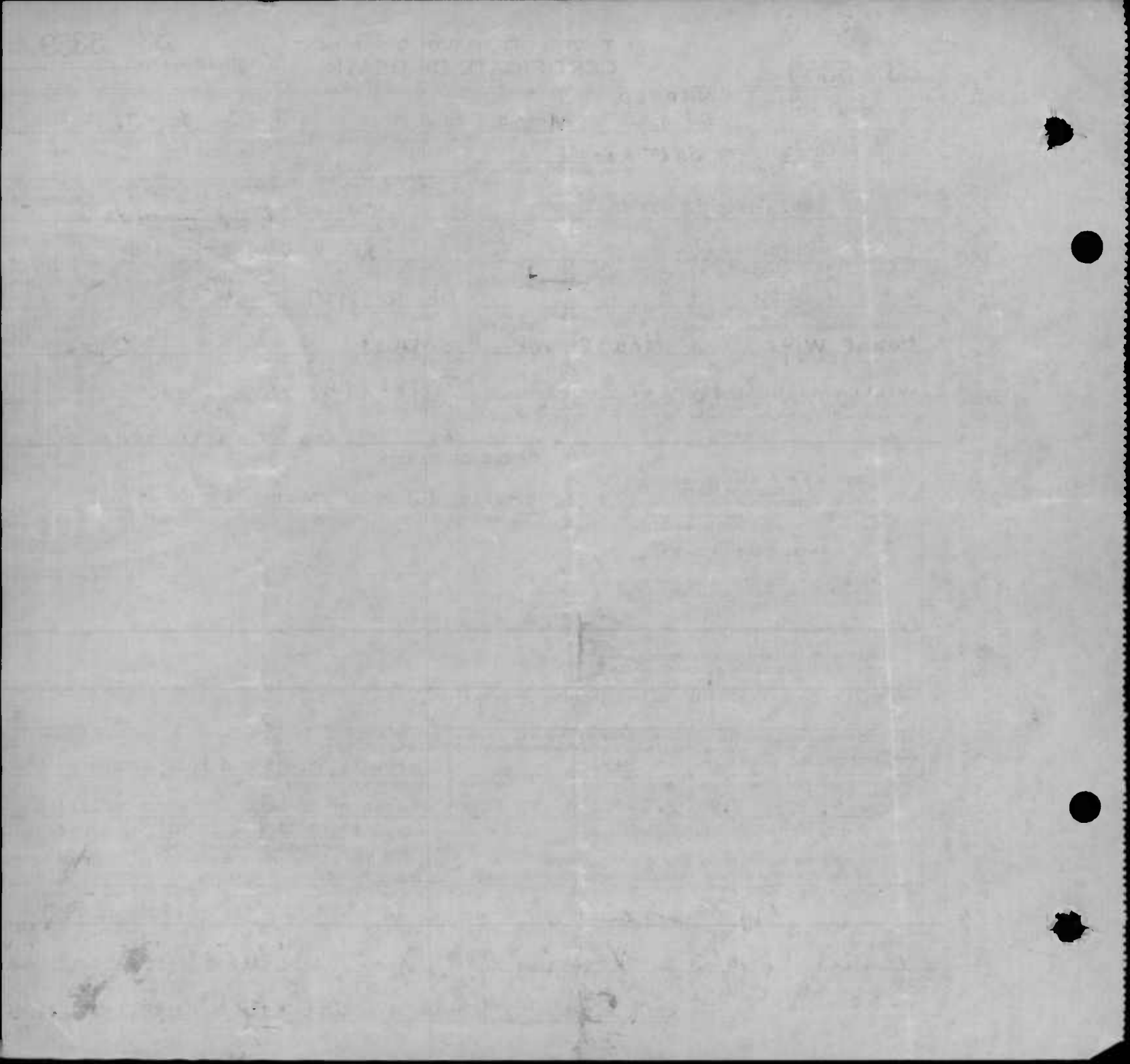
1. NAME OF DECEASED (Type or Print) MILDRED ELIZABETH M HEAVENER			2. DATE OF DEATH June 7, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 3002 W. Cold Spring Lane		
c. Length of stay in Baltimore 30 Yrs. Mos. Days			5. SEX Female 6. COLOR OR RACE White 7. SINGLE (MARRIED) WIDOWED (Specify)		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE			10B. KIND OF BUSINESS OR INDUSTRY HOUSE WK		
13. FATHER'S NAME WILLIAM D. CRAWFORD			14. MOTHER'S MAIDEN NAME ELIZABETH H. WILSON		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. 3105		
17. INFORMANT LEON H. CRAWFORD			18. ADDRESS BRIGHTON ST		

18. E816.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Crushing injury of chest DUE TO (A) Crushing injury of chest (B) Crushing injury of chest (C) Crushing injury of chest		INTERVAL BETWEEN ONSET AND DEATH
19. DATE OF OPERATION 6/10/53		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

19A. DATE OF OPERATION 6/10/53		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Carswell Street and Polk Avenue 9/7	
21D. TIME (Month) (Day) (Year) (Hour) June 7, 1953 7:30 P. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Passenger in auto and auto collision	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. H. Wilson		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M. D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED June 8, 1953	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/10/53		24C. NAME OF CEMETERY OR CREMATORY Lorraine Park Cem		24D. LOCATION (City, town, or county) (State) Windsor Mill Rd and	
DATE RECEIVED BY LOCAL REGISTRAR JUN 9 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Thomas P. Powell		ADDRESS 6411 Windsor Mill Rd	

V S 151 N 862.2



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 5360

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LOUIS WILDSTEIN			2. DATE OF DEATH JUNE 8, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION MT. SINAI HOME- PARK HEIGHTS AVE			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO.		
C. Length of stay in Baltimore 56 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 127 N. COLLINGTON AVE		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 77		9. AGE (In years last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CATTLE DEALER		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) AUSTRIA	
13. FATHER'S NAME NOT KNOWN			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			14. MOTHER'S MAIDEN NAME JENNIE		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS ISRAEL WILDSTEIN - 5011 CHALGROVE AVE		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) ARTERIOSCLEROTIC C.V. DISEASE		DUE TO	1 YR.
ANTECEDENT CAUSES		(B) ARTERIOSCLEROSIS, GENERALIZED	2 YEARS
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO	
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		HEMIPLEGIA, LEFT	3 MOS.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from JAN. , 19 53 , to JUNE 8 , 19 53 , that I last saw the deceased alive on 6/8/53 , 19 53 , and that death occurred at 10 P. m., from the causes and on the date stated above.					
23A. SIGNATURE Benz: B. Mores, M.D.		23B. ADDRESS 448 N. LUZERNE AVE.		23C. DATE SIGNED 6/8/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-9-1953		24C. NAME OF CEMETERY OR CREMATORY Mt Carmel	
24D. LOCATION (City, town, or county) (State) Balto Md		24E. DATE RECEIVED BY LOCAL REGISTRAR JUN 9 1953		24F. REGISTRAR'S SIGNATURE Huntington Williams	
24G. DATE RECEIVED BY LOCAL REGISTRAR JUN 9 1953		24H. REGISTRAR'S SIGNATURE Huntington Williams		24I. FUNERAL DIRECTOR ADDRESS Levinson - 2100 Eutaw Pl.	

CERTIFICATE OF DEATH

STATE OF NEW YORK

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 5361

53 5361 53-53689

1. NAME OF DECEASED
(Type or Print)

Baby Boy Sollo, ABRAHAM

2. DATE
OF
DEATH

6-8-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

Lunar

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

4105 Roland View Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 756.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Post-op. Neurogenic Shock 4 Hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) CONGENITAL Cysts OF 4 Hrs.

DUE TO LIVER

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

PREMATURITY

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

6-8-53

CONG. CYSTS OF LIVER

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 3-1-53, 19, to 6-8-53, 19, that I last saw the
deceased alive on 6-8-53, 19, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

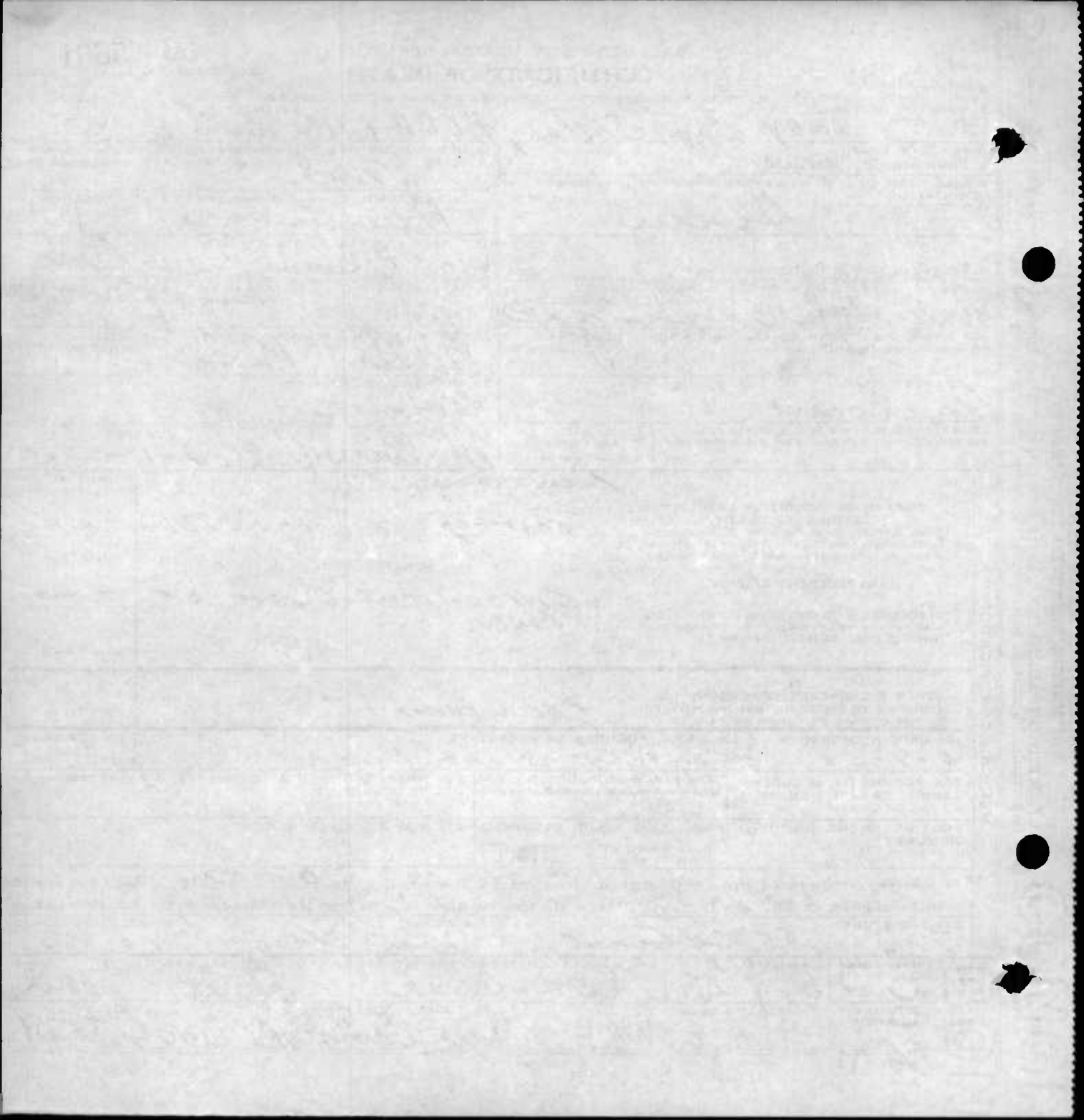
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 5362

BIRTH NO.

AJH 171003

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5362

1. NAME OF DECEASED (Type or Print) Arthur Wallace E.			2. DATE OF DEATH 6-7-53		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore		
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospital 4940 Eastern Ave			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			d. STREET ADDRESS (If rural, give location) 1351 Carey St.		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 8, 1891		9. AGE (In years last birthday) 62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME George Wallace (dec)			12. CITIZEN OF WHAT COUNTRY? USA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT ADDRESS (Records) 4940 Eastern Ave	
18. 443X CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cardio Vascular Disease					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION 0		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6 7 , 19 53 , to 6 8 , 19 53 that I last saw the deceased alive on 6 8 , 19 53 , and that death occurred at 2.30am m., from the causes and on the date stated above.					
23a. SIGNATURE <i>He John Doe</i>		23b. ADDRESS 4940 Eastern Ave		23c. DATE SIGNED 6-8-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/12/53		24c. NAME OF CEMETERY OR CREMATORY St Peters	
24d. LOCATION (City, town, or county) (State) Balto. Md.		25. FUNERAL DIRECTOR Geo. G. Kelson 1303 Presgman St.			
DATE RECEIVED BY LOCAL REGISTRAR JUN 9 1953		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		ADDRESS 68352 Geo. G. Kelson	

FORM 100

1. Name of the person

2. Address of the person

3. Date of birth

4. Sex

5. Race

6. Religion

7. Education

8. Occupation

9. Marital status

10. Date of entry

11. Date of departure

12. Date of return

13. Date of exit

14. Date of arrival

15. Date of departure

16. Date of return

17. Date of exit

18. Date of arrival

19. Date of departure

20. Date of return

21. Date of exit

22. Date of arrival

23. Date of departure

24. Date of return

25. Date of exit

26. Date of arrival

27. Date of departure

28. Date of return

29. Date of exit

30. Date of arrival

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

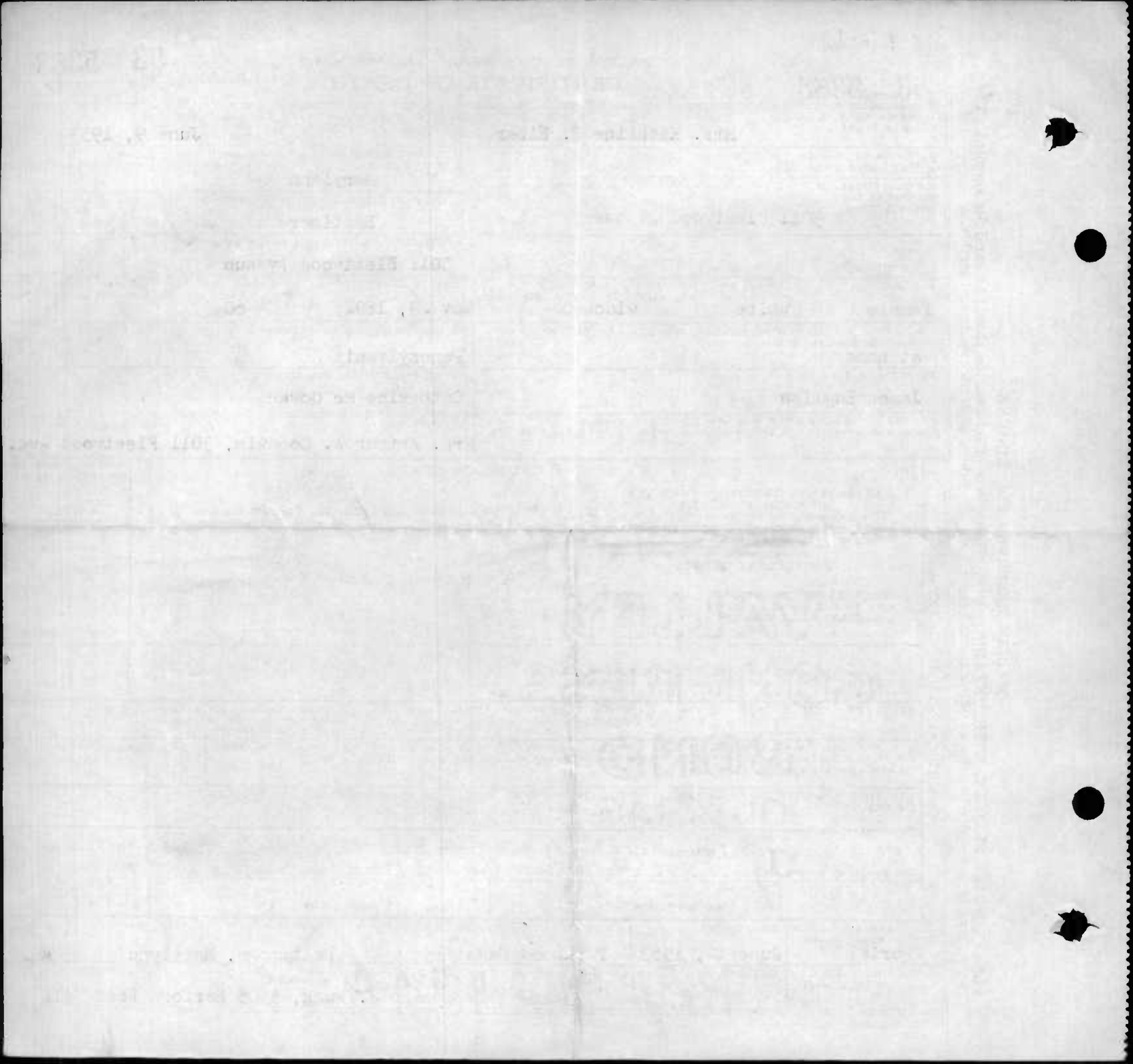
E-160

53 5363
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 5363
Registered No.

1. NAME OF DECEASED (Type or Print) Mrs. Kathrine E. Eiber			2. DATE OF DEATH June 9, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3011 Fleetwood Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-05		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3011 Fleetwood Avenue		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov 29, 1892	9. AGE (in years last birthday) 60	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME James English		
14. MOTHER'S MAIDEN NAME Catherine Mc Gowan			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Mrs. Arthur A. Goodwin, 3011 Fleetwood Ave.		
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) Hypertensive cardio-vascular dis. 15 yr					INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) Arteriosclerosis DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from April 20, 1953, to June 8, 1953, that I last saw the deceased alive on 6/8, 1953, and that death occurred at 5:30 A.M., from the causes and on the date stated above.			
23A. SIGNATURE S. J. Eiber		23B. ADDRESS 7122 Harford Rd		23C. DATE SIGNED 6/9/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 12, 1953		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		24E. NAME OF CEMETERY DIRECTOR Leonard J. Buck, 5305 Harford Road #14			
DATE RECEIVED BY LOCAL REGISTRAR JUN 9 1953		REGISTRAR'S SIGNATURE Huntington Williams			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-423		BALTIMORE CITY HEALTH DEPARTMENT		53 5364		Registered No. 53 5364	
BIRTH NO.							
1. NAME OF DECEASED (Type or Print) ANNIE HELSTEIN				2. DATE OF DEATH June 5, 1953			
3. PLACE OF DEATH: a. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Md. b. COUNTY			
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1107 N. Bentalou St.				c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore				d. STREET ADDRESS (If rural, give location) 1107 N. Bentalou St.			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Oct. 21, 1861	9. AGE (in years, last birthday) 91	10. Under 1 Year: Months: Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Joseph Row				14. MOTHER'S MAIDEN NAME Richenberger			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Lillian Paul - 1107 N. Bentalou St.			
18. 422.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chromocystitis				INTERVAL BETWEEN ONSET AND DEATH yes.			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Brilliant due to				DUE TO Brilliant due to			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19a. DATE OF OPERATION <input type="checkbox"/>		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 4/53 to June 5, 1953 , that I last saw the deceased alive on June 4/53 , and that death occurred at 1030 AM , from the causes and on the date stated above.							
23a. SIGNATURE John C. Hough				23b. ADDRESS 1925 W. 1st St.		23c. DATE SIGNED 6/8/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/9/53		24c. NAME OF CEMETERY OR CREMATORY Baltimore Hebrew Cem.		24d. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 9 1953		REGISTRAR'S SIGNATURE Thurston Williams, M.D.		25. FUNERAL DIRECTOR J. T. Tichenor & Sons		ADDRESS Balto. 17, Md.	

CERTIFICATE OF DEATH

NAME OF DECEASED

JOHN W. BROWN, JR.

AGE

37

DATE OF DEATH

1901

1901

1901

PLACE OF DEATH

HOME

HOME

CAUSE OF DEATH

HEART DISEASE

DATE OF BURIAL

[Signature]

DATE OF BURIAL

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53 5365

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5365
Registered No.BIRTH NO. 1-1001. NAME OF DECEASED
(Type or Print)Qu b b- Mrs Bertha AGNES2. DATE
OF
DEATHJune 7-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore Md

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

Home For Invalids 700 N. 40th St

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Maryland 19-09

D. STREET ADDRESS (If rural, give location)

Baltimore 700 N. 40th St

c. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Apr. 5-1887

9. AGE (In years last birthday)

66

H Under 1 Year

2

H Under 24 Hours

2

10A. USUAL OCCUPATION (Give kind of work done during most of worklog if, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

JOHN WINDENRobert Higgins

14. MOTHER'S MAIDEN NAME

Eleanor Halkner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

No

17. INFORMANT

ADDRESS

Carline E Reese-Home to family18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Right Hemiplegia20 years

DUE TO

Hypertensive Cordis Vasculis20 years

ANTECEDENT CAUSES

(B)

DUE TO

Metastatic Carcinoma of the right Breast4 1/2 years

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from Jan. 10, 1946, to June 7, 1953, that I last saw the deceased alive on June 6, 1953, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

W. Griffith Hersperger

M. D.

23B. ADDRESS

214 Medical City Building

23C. DATE SIGNED

June 7, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

6/10/53

24C. NAME OF CEMETERY OR CREMATORY

LODGEON P.K. CEM.

24D. LOCATION (City, town, or county)

BALTO. MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CONFIDENTIAL
EX-100
B-100
CONFIDENTIAL

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-650
53 5366

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5366

BIRTH NO.

1. NAME OF DECEASED (Type or Print) OLIVER PERRINE		2. DATE OF DEATH June 7, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 5429 Fairlawn Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 5429 Fairlawn Ave.	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 11, 1889
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10B. KIND OF BUSINESS OR INDUSTRY self employed	9. AGE (In years last birthday) 64
13. FATHER'S NAME Wm. H. Perrine		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes		12. CITIZEN OF WHAT COUNTRY? WHAT COUNTRY?	
16. SOCIAL SECURITY NO. World War I		14. MOTHER'S MAIDEN NAME Louis E. Sanner	
17. INFORMANT Mrs. Geneva Perrine - 5429 Fairlawn Ave.		ADDRESS	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 3 days	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO (B) DUE TO (C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. none			
19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 4, 1953 , to June 7, 1953 , that I last saw the deceased alive on June 7, 1953 , and that death occurred at 2 A m., from the causes and on the date stated above.			
23A. SIGNATURE Manuel Levin		23B. ADDRESS 4818 Reisterstown Rd	23C. DATE SIGNED June 8, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/10/53	24C. NAME OF CEMETERY OR CREMATORY Balto. National Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Man. J. Pickner & Sons	25. FUNERAL DIRECTOR Balto. 17, Md.	

VS 150

CERTIFICATE OF DEATH

Date

Year

Age

Date of Birth

Sex

Race

Date of Death

Time

Place

Cause

Manner

Signature

Signature

Date

Signature

Signature

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K-523

53 5367

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX 53 5367
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGIA PARMENTER KNIGHT (MRS. ARTHUR)

2. DATE
OF
DEATH

6/9/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
A. STATE B. COUNTY before admission)

MARYLAND Anne ARUNDEL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

GIBSON ISLAND 5200

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE WHITE

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JAN. 30 1889

9. AGE (In years
last birthday)

64

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

OHIO

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JOHN PARMENTER

14. MOTHER'S MAIDEN NAME

DELLA MOORE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MR. ARTHUR RHODES KNIGHT - SAME

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MARCH 29, 1953, to JUNE 9, 1953, that I last saw the
deceased alive on JUNE 9, 1953, and that death occurred at 5:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Vincent

23B. ADDRESS

Union Memorial Hosp

23C. DATE SIGNED

6-9-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

6-11-53

24C. NAME OF CEMETERY OR CREMATORY

Springfield Cemetery

24D. LOCATION (City, town, or county)

Springfield, Ohio

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 9 1953

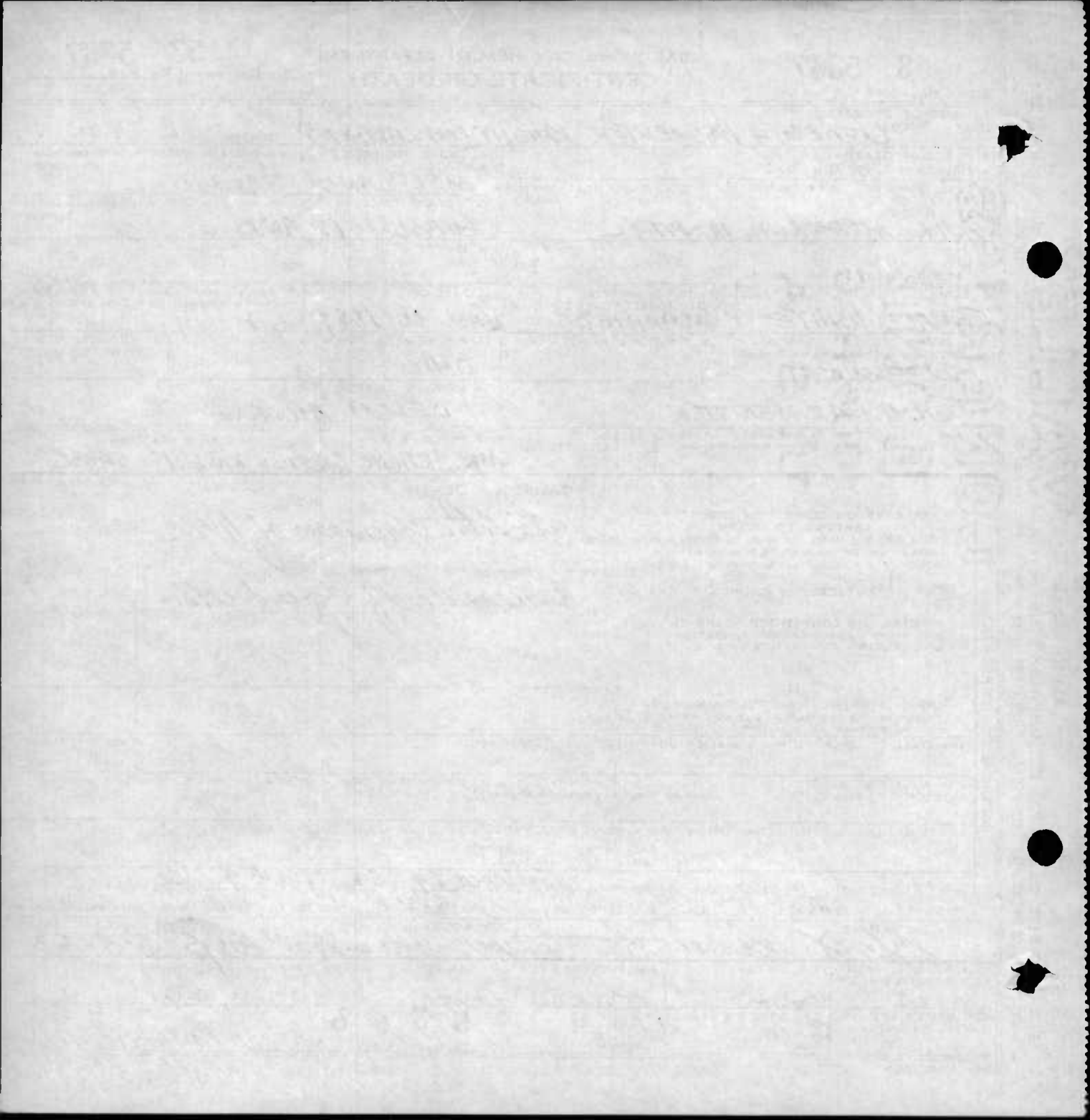
VS 150

Wm. J. Lechner, Sons North & Howard Ave
Baltimore 17 Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

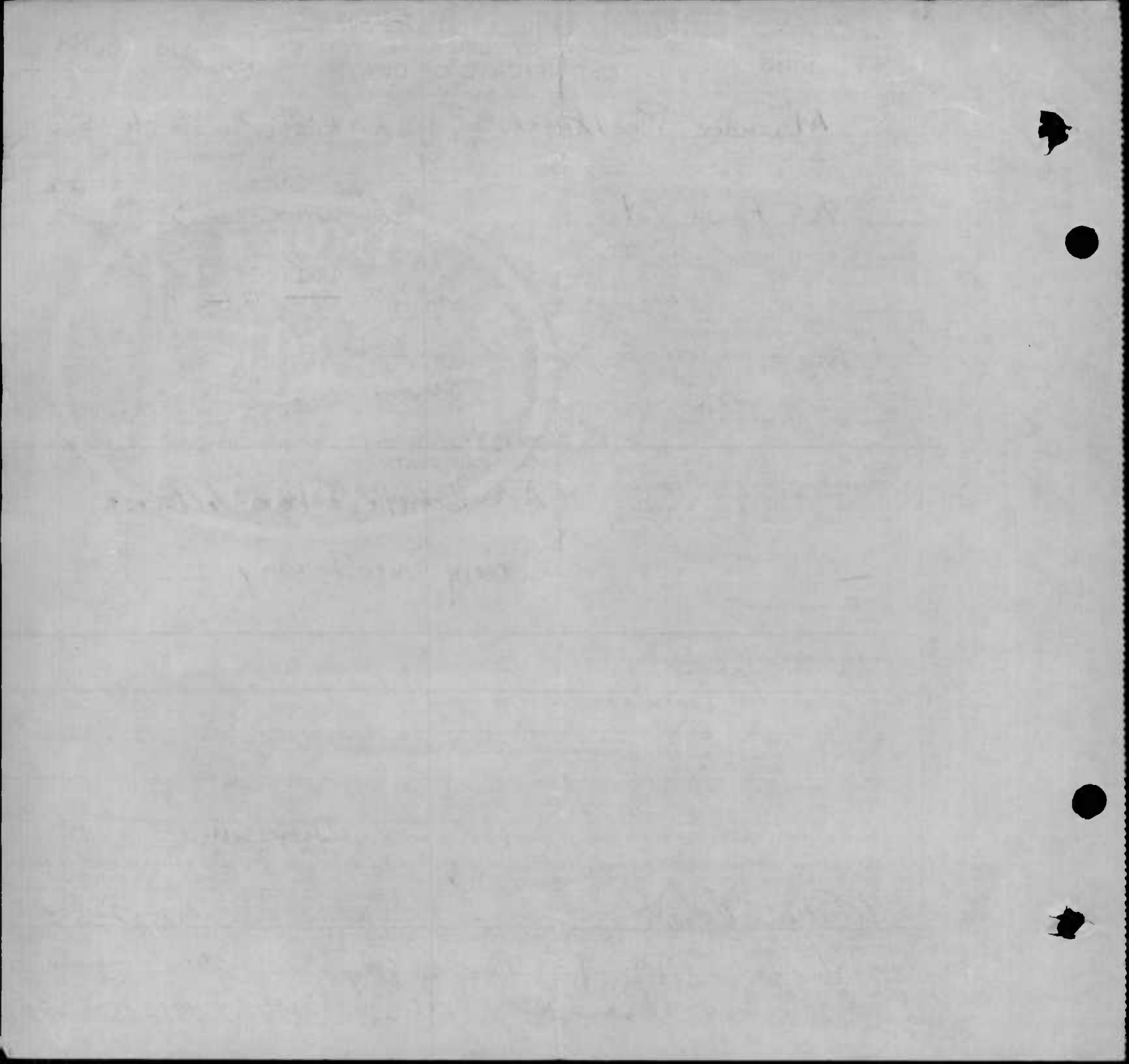


MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

<div> <div> R-232 53 5368 </div> <div> <div>CERTIFICATE CORRECTED</div> <div>7-14-53</div> </div> </div> <div> <div>BALTIMORE CITY HEALTH DEPARTMENT</div> <div>CERTIFICATE OF DEATH</div> </div> <div> <div>53 5368</div> <div>Registered No.</div> </div>			
1. NAME OF DECEASED (Type or Print) Alexander Roszkowski		2. DATE OF DEATH 6-6-53	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore	
b. FULL NAME OF HOSPITAL OR INSTITUTION 905 Fawn St		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 50 Years		d. STREET ADDRESS (If rural, give location) 905 Fawn Street	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH March 19, 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Automatic Light Co. Ship-Repairing	
11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY? Poland	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 216-01-2778A	
17. INFORMANT Mary Sierpinski		ADDRESS 25 Washington St.	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease		CAUSE OF DEATH (A) Arteriosclerotic Cardiovascular Disease DUE TO	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary Insufficiency		(B) Coronary Insufficiency DUE TO	
(C) Coronary Insufficiency			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION 6-7-53		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .			
23a. SIGNATURE William V. ...		23b. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR 6-7-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 10, 1953	
24c. NAME OF CEMETERY OR CREMATORY Holy Rosary Cem.		24d. LOCATION (City, town, or county) (State) Balto. County	
DATE RECEIVED BY LOCAL REGISTRAR June 9, 1953		REGISTRAR'S SIGNATURE John W. Deber	
FUNDING DIRECTOR John W. Deber		ADDRESS 4015 Chestnut	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

22-0
53 5369BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5369
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Elsie Peacock		2. DATE OF DEATH June-6th 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If in institution: residence before admission) A. STATE Maryland B. COUNTY 16-02			
B. FULL NAME OF HOSPITAL OR INSTITUTION Lincoln Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
D. LENGTH OF STAY IN BALTIMORE Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1033 North Stricker Street			
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept-24-1923	9. AGE (In years last birthday) 29	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Baltimore	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Edward Elliott		14. MOTHER'S MAIDEN NAME Mary ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Claudia Peacock 1033 N. Stricker St.	
18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Breast DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH Carcinoma of Breast		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from February 1953 to June 6, 1953 that I last saw the deceased alive on June 5, 1953 , and that death occurred at 7:00 a.m. , from the causes and on the date stated above.		23A. SIGNATURE Thomas J. O'Connell, M.D.	
23B. ADDRESS 103 W. Lafayette Ave		23C. DATE SIGNED 6-8-53		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 6/10/1953		24C. NAME OF CEMETERY OR CREMATORY Baltimore Nat. Cem.		24D. LOCATION (City, town, or county) (State) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR JUN 9 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Clary & Wilson 1000 Brawley. ave	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALICE POTTER READ

2. DATE
OF
DEATH

June 7, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE Maryland B. COUNTY noneB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION 2124 St. Paul St.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township) 12-06

D. STREET ADDRESS (If rural, give location)

2124 St. Paul St.

c. Length of stay in Baltimore

20 Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

Sept. 10, 1866

9. AGE (In years
last birthday) 86If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
none10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Huntsville, Ala.

12. CITIZEN OF
WHAT COUNTRY?
U. S.

13. FATHER'S NAME

John Postell Williamson Read

14. MOTHER'S MAIDEN NAME

Ellen Susan Steenderlen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Mary B. Read

2124 St. Paul St.

18.

422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic -

CUE TO

(C)

Cardio-vascular Disease

8 yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1951, 19, to June 7, 1953, that I last saw the
deceased alive on June 6, 1953, and that death occurred at 4 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Homer U. Todd

M. O.

23B. ADDRESS

2108 St. Paul St.

23C. DATE SIGNED

6 - 7 - 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

6 - 9 - 53

24C. NAME OF CEMETERY OR CREMATORY

Greenmount

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 9 1953

Huntington Andrews, M.D.

John O. Mitchell & Sons, Inc.

1900 Eutaw Pl.

0088-53

UNITED STATES DEPARTMENT OF THE ARMY
OFFICE OF THE CHIEF OF STAFF

0088-53

7-11-53

100-100-100

100-100-100

100-100-100

100-100-100

100-100-100

100-100-100

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100-100-100

100-100-100

100-100-100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles W. High (C. Wesley High)

2. DATE
OF
DEATH

6-9-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Saint Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2306 Druid Park Drive #15

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 20, 1907

9. AGE (In years,
last birthday)

46

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ship Yard

10B. KIND OF BUSINESS OR
INDUSTRY

Maryland Drydock

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John W. High

14. MOTHER'S MAIDEN NAME

Mabel Buttner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Gladys P. High, 2306 Druid Park Drive

18. 162X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) pulmonary abscess
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Bronchogenic carcinoma
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., In or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 8, 1953, to June 9, 1953, that I last saw the
deceased alive on June 9, 1953, and that death occurred at 8:05 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Hest - Ochot, U. S. M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

June 9, 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

6/13/53

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge Memorial Park

24D. LOCATION (City, town, or county)

Dorsey,

(State)

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 9 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook, Inc.

ADDRESS

1217 St. Paul Street

VS 150

6903U

grouped ungrouped

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 5372

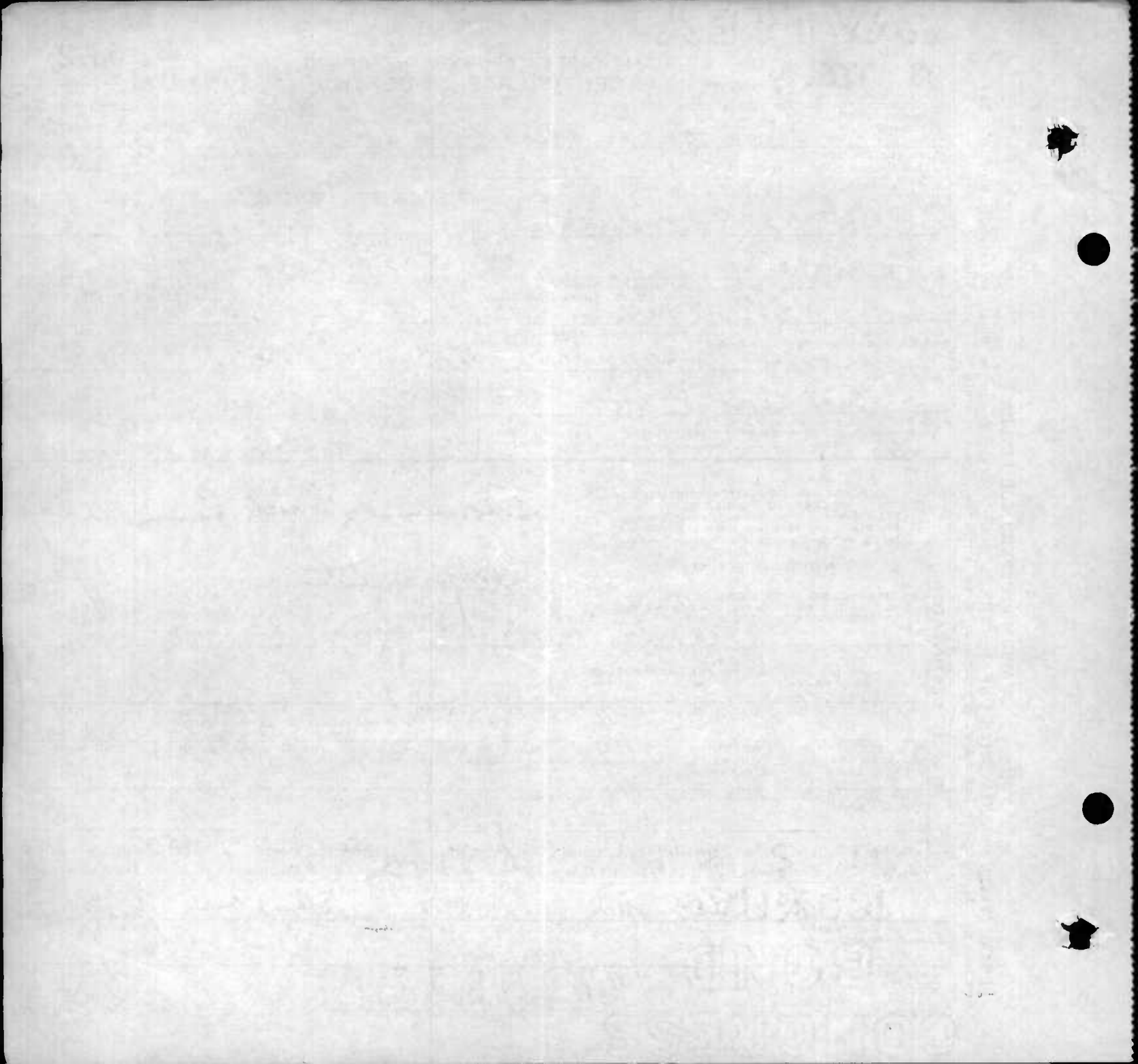
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 5372

Registered No.

1. NAME OF DECEASED (Type or Print) <i>Florence T. MacLennan</i>		2. DATE OF DEATH <i>6/7/53 5:45 a.m.</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>5007 Roland Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 27-13</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>5007 Roland Ave.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>8/9/1882</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	9. AGE (In years, last birthday) <i>70</i>
11. BIRTHPLACE (State or foreign country) <i>Plattsburgh N.Y.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Robert Adam Taite</i>		14. MOTHER'S MAIDEN NAME <i>Jane Clark</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Robt. T. MacLennan</i>		ADDRESS <i>Roland Ave</i>	
18. <i>422.2 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Terminal Bronch Pneumonia</i> DUE TO <i>Imparcarditis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i> <i>1 Year</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>6/10/53</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>June 7, 1952</i> to <i>June 7, 1953</i> , that I last saw the deceased alive on <i>June 7, 1952</i> , and that death occurred at <i>5:45</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>R. A. Lally M.D.</i>		23B. ADDRESS <i>3512 Edmondson Ave</i>	
23C. DATE SIGNED <i>June 8, 1953</i>		23D. SIGNATURE <i>Huntington Williams</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>6/10/53</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine</i>		24D. LOCATION (City, town or county) <i>Balto. Co. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>June 9, 1953</i>		25. FUNERAL DIRECTOR <i>Cook Inc. 1217 St. Paul St.</i>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5373

53 5373

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Eugenia Ida Wallis

2. DATE
OF
DEATH

6/8/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3238 E. Lombard St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3238 E. Lombard St.

c. Length of stay in Baltimore

70 Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Sept. 27, 1881

9. AGE (In years last birthday)

71

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Charles Munk

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

John R. Wallis 3238 E. Lombard St.

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertension cardiovascular

19A. DATE OF OPERATION

1-22-51

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-11, 1949, to 6-8, 1953 that I last saw the deceased alive on 6-8, 1953, and that death occurred at 4:05 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John J. Gould

M. O.

23B. ADDRESS

1474 East Ave - 24

23C. DATE SIGNED

6-8-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/11/53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Baltimore

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 9 1953 H. B. Huntington, Baltimore, Md. 1639 Broadway.

873

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

1912

100



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N-450
53 5374

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 5374
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Allen E. Nolan

2. DATE
OF
DEATH

6-6-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE

MD

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Johns Hopkins Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

BALTIMORE

6-04

D. STREET ADDRESS (If rural, give location)

137 N. WOLFE ST

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

AUG-11-1899

9. AGE (In years, last birthday)

53

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

AT HOME

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

JOSEPH SAUTER

14. MOTHER'S MAIDEN NAME

ELIZABETH DASH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

HELEN E. WILLIAMS 405 S. BOND ST

18. *422.1 and 260X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Arteriosclerotic Cardiovascular Disease*

ANTECEDENT CAUSES

(B) *Diabetes Mellitus*

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

ONE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Inspection* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

William J. Hoffmann

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR

23C. DATE SIGNED *6-7-53*

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

6/10/53

24C. NAME OF CEMETERY OR CREMATORY

MT. CARMEL

24D. LOCATION (City, town, or county)

BALTIMORE MD

DATE RECEIVED BY LOCAL REGISTRAR

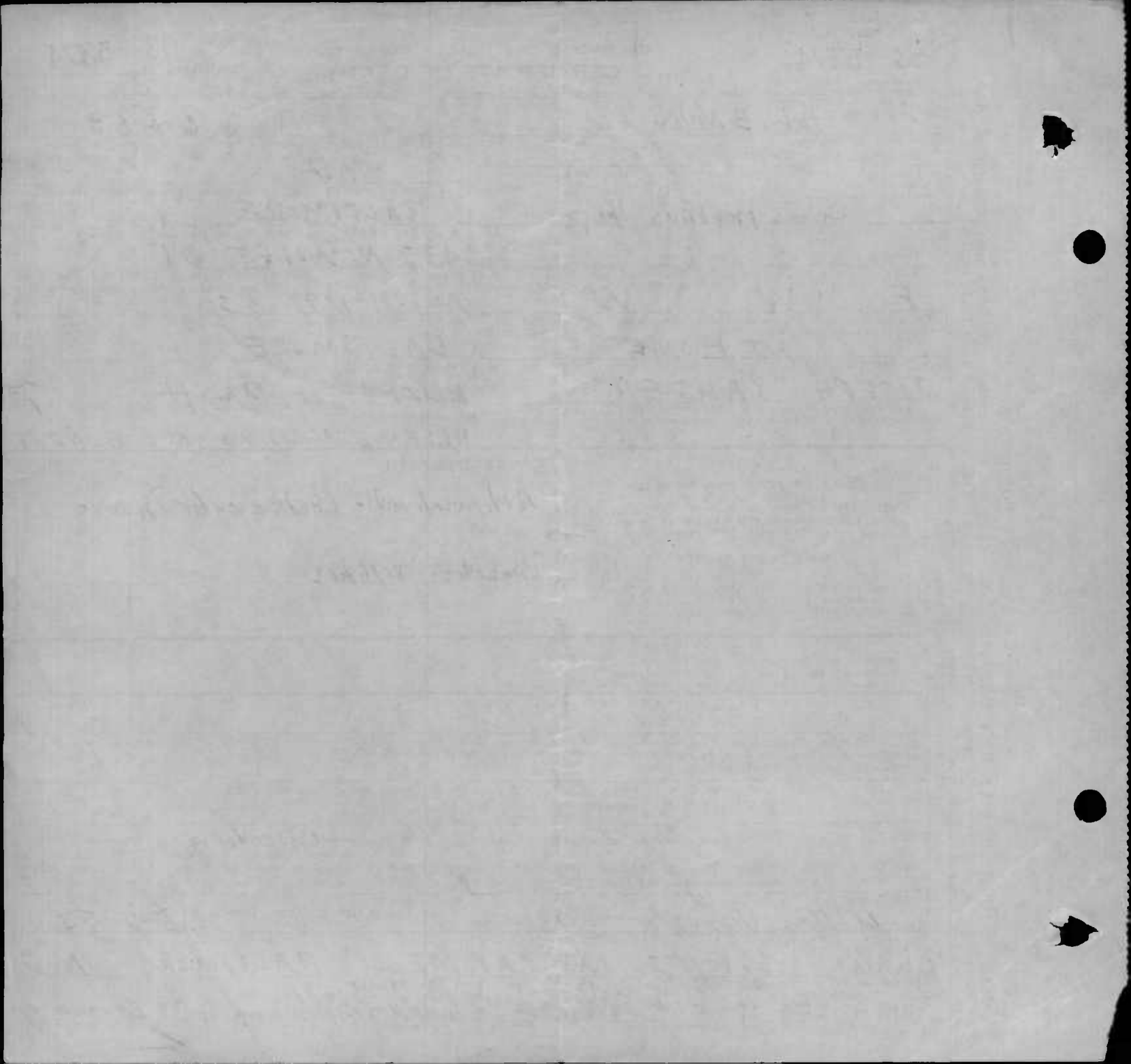
JUN 9 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

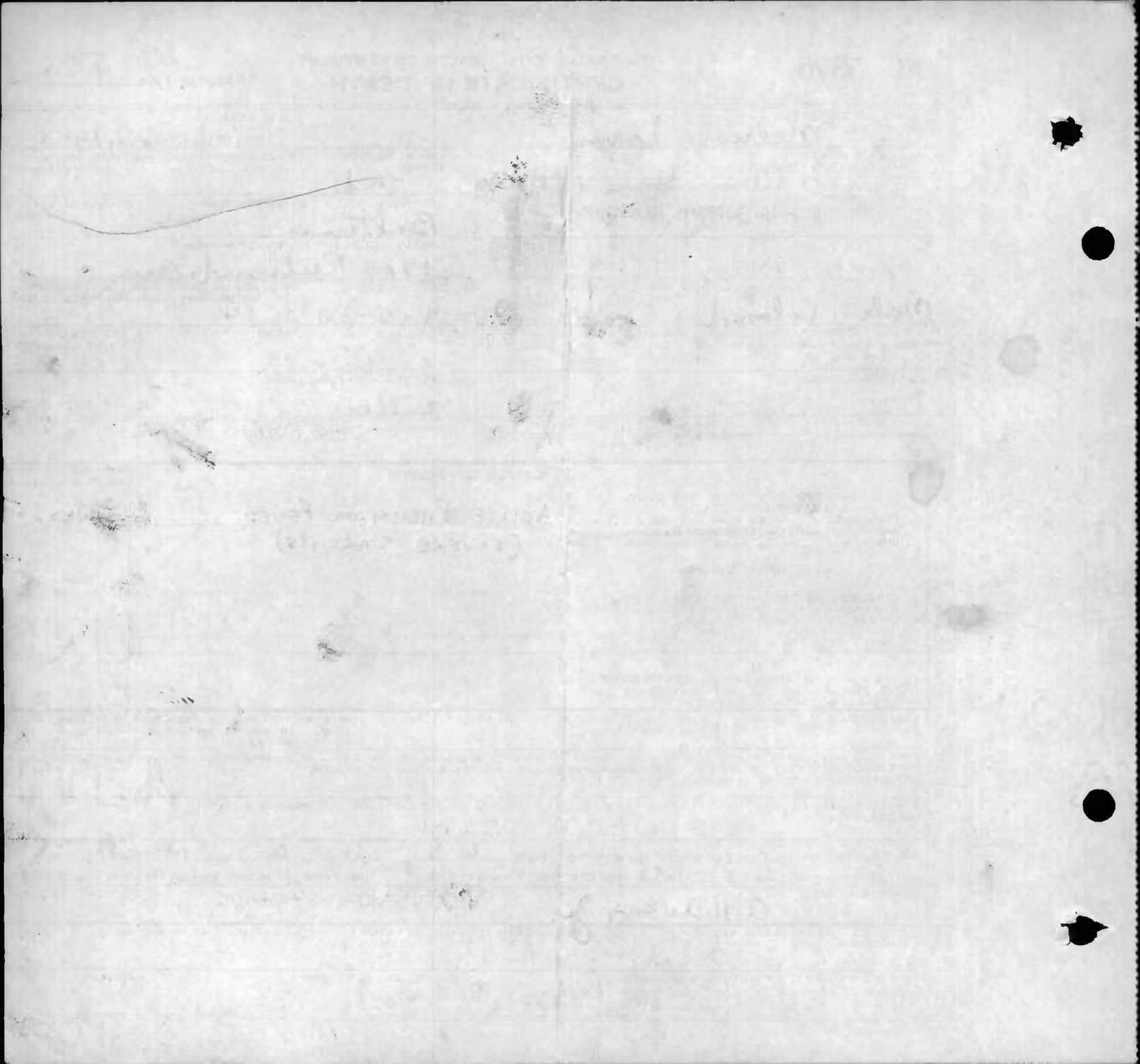
Blair & Hoffmann 1639 Broadway



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I-615		IRVIN		BALTIMORE CITY HEALTH DEPARTMENT		53 5375		Registered No. 53 5375	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Melvin Irvin</i>		2. DATE OF DEATH <i>June 7, 1953</i>					
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>8-06</i>		D. STREET ADDRESS (If rural, give location) <i>1705 Rutland Ave.</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		5. SEX <i>Male</i>		6. COLOR OR RACE <i>Colored</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>		8. DATE OF BIRTH <i>3-9-39</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		9. AGE (In years last birthday) <i>14</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i> Hoyt Irvin</i>		14. MOTHER'S MAIDEN NAME <i>Willie Hoyle</i>		17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i> ADDRESS <input checked="" type="checkbox"/>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		18. <i>401.3</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) <i>ACUTE RHEUMATIC FEVER (SEVERE CARDITIS)</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 WKS.</i>			
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		19D. HOW DID INJURY OCCUR?		19E. DATE SIGNED	
20A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		20B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		20D. HOW DID INJURY OCCUR?		20E. DATE SIGNED	
21A. TIME (Month) (Day) (Year) (Hour) OF INJURY		21B. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. HOW DID INJURY OCCUR?		21E. DATE SIGNED	
22. I hereby certify that I attended the deceased from <i>6-4</i> , 1953, to <i>6-7</i> , 1953, that I last saw the deceased alive on <i>6-7</i> , 1953, and that death occurred at <i>9:20 P.M.</i> , from the causes and on the date stated above.		23A. SIGNATURE <i>A.H. Owens Jr.</i> M.D.		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Shipped</i>		24B. DATE <i>6-11-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Rock Hill SC</i>		24D. LOCATION (City, town, or county) (State) <i>S.C.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 9 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Rayner Sanders</i>		ADDRESS <i>217 E. Preston St</i>			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5376

BIRTH NO. 53 5376

1. NAME OF DECEASED (Type or Print) CLIFFORD SHAW			2. DATE OF DEATH June 7, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18-02		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1103 W. Lexington Street		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 15, 1923	9. AGE (in years last birthday) 29	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			11. BIRTHPLACE (State or foreign country) Alvin S.C.		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME George Shaw			14. MOTHER'S MAIDEN NAME Grazee Atkins		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, report unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Vernell Shaw			ADDRESS 1103 W. Lexington St		

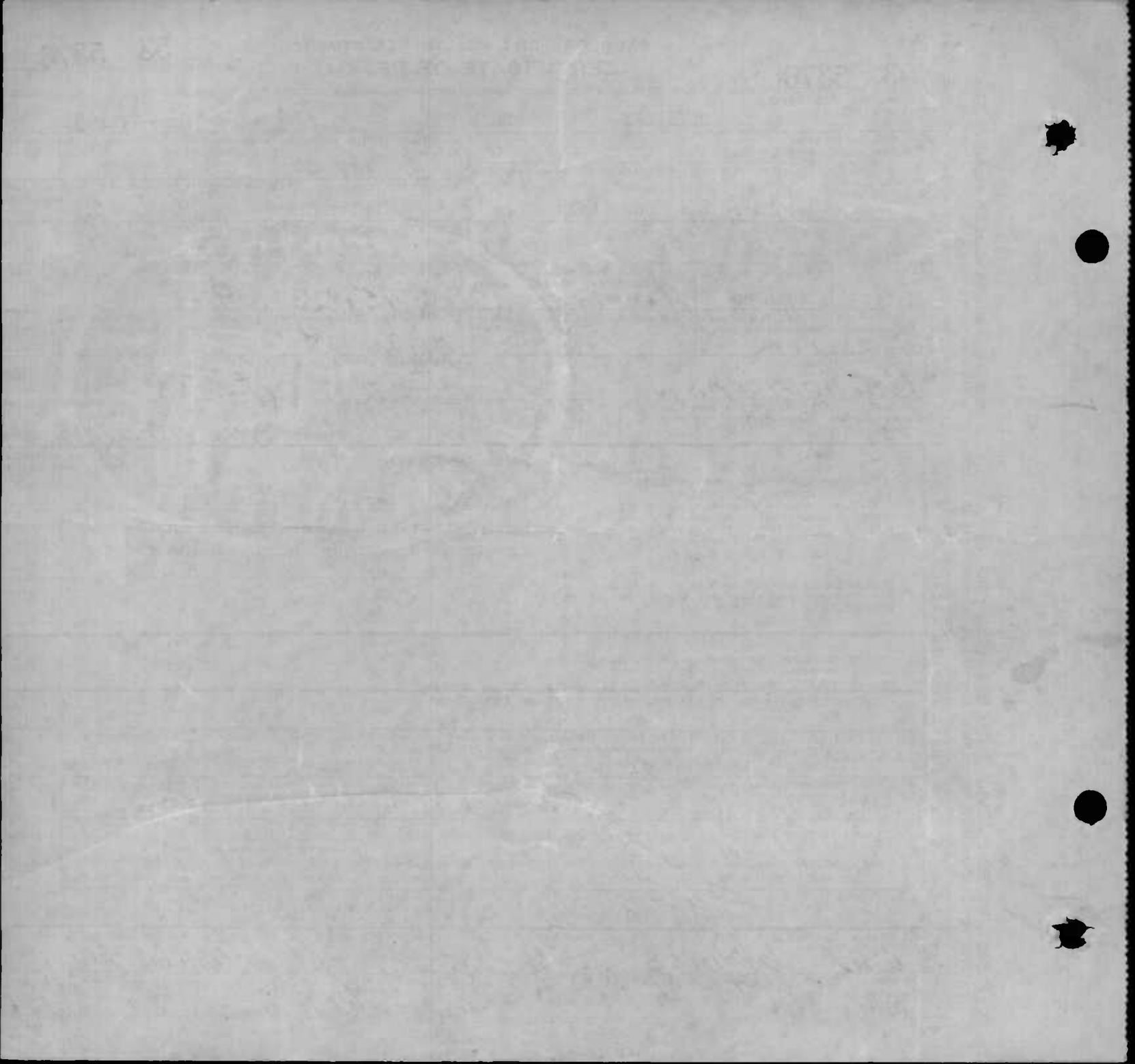
18. E981X and E951.9 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fulminating serum hepatitis		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO administration of blood plasma in the treatment of gunshot wound of the chest		
(B) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 700 Block of W. Lexington Street	
21D. TIME (Month) (Day) (Year) (Hour) April 4, 1953 3:00 P. M.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Plasma administration for gunshot wound of the chest - Shot while being bystander in gun battle	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. S. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED June 8, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/14/1953		24C. NAME OF CEMETERY OR CREMATORY St. Stephens S.C.	
24D. LOCATION (City, town, or county) (State) St. Stephens S.C.		24E. NAME OF FUNERAL DIRECTOR Mr. Kate R. Williams		24F. ADDRESS 322 N. Schroeder St	

VS 151

N-998.3

97099



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 5377
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARTHA A. WIDAU

2. DATE
OF
DEATH

June 8, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Ohio

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

U.S. Public Health Service Hospital
Wyman Pk. Drive & 31st Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

College Corner

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

38 days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

5/11/21

9. AGE (in years last birthday)

32

11 Under 1 Year Months Days

12 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Secretary

10B. KIND OF BUSINESS OR INDUSTRY

State Dept.

11. BIRTHPLACE (State or foreign country)

Vienna

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

George Widau

14. MOTHER'S MAIDEN NAME

Charlotte Mavis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT ADDRESS
Records- US PHS Hospital, Balto, Md.

18.

241X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Bronchitis with obstruction (asthmatic) Unknown
atelectasis right middle lobe lung)

DUE TO

ANTECEDENT CAUSES

(B)

Pericardial effusion with taponade

Unknown

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

Coarctation of aorta

Life

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 11, 1953 to June 8, 1953 that I last saw the deceased alive on June 8, 1953, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. L. Ashburn, Medical Director

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

6/9/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/12/53

24C. NAME OF CEMETERY OR CREMATORY

College Corner Cemetery

24D. LOCATION (City, town, or county) (State)

College Corner Ohio

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MEMORANDUM

TO : DIRECTOR

FROM : SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

DATE: [Illegible]

FILE NO. [Illegible]

CLASSIFICATION

DATE OF REVIEW

REVIEWED BY

APPROVED BY

REASON FOR REVIEW

DATE OF REVIEW

REASON FOR REVIEW

REASON FOR REVIEW

REASON FOR REVIEW

100

100-100000

100

100-100000

100

100-100000

100

100

100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 5378
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

VINCENT RICE (Pockauskas)

2. DATE
OF DEATH

June 7, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF HOSPITAL OR INSTITUTION

SOUTH BALTIMORE GENERAL HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

644 PORTLAND ST.

c. Length of stay in Baltimore

40 Yrs. Mos. Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

JUNE 2, 1888

9. AGE (In years last birthday)

65

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

TRAILOR.

10B. KIND OF BUSINESS OR INDUSTRY

Repair & Refinishing

11. BIRTHPLACE (State or foreign country)

LITHUANIA

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

UNKNOWN.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

NELLIE BURTON 644 PORTLAND ST.

ADDRESS

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Malnutrition

months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

ONE TO

Chronic pulmonary disease probably tuberculosis or pneumococcosis

ONE TO

years

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20, 1953 to June 7, 1953, that I last saw the deceased alive on June 7, 1953 and that death occurred at 4:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

W. M. Conway

23B. ADDRESS

South Baltimore Paul Hosp

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 10/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Belair Rd.

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Charles Fachachuk 703 McHenry St.

ADDRESS

JUN 9 1953

VS 150

5908C

8/25/20

10/20/20

11/20/20

12/20/20

1/20/21



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1-250

53 5379

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5379

BIRTH NO. 53 5379

1. NAME OF DECEASED (Type or Print) *Christina Jackson*

2. DATE OF DEATH *June - 9 - 1953*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Md* B. COUNTY *Baltimore*

5. FULL NAME OF HOSPITAL OR INSTITUTION *JOHNS HOPKINS HOSPITAL*

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Sparks*

7. STREET ADDRESS (If rural, give location) *5200*

8. Length of stay in Baltimore

9. SEX *male* 10. COLOR OR RACE *Colored* 11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

12. DATE OF BIRTH *10-22-28* 13. AGE (In years last birthday) *24* 14. Under 1 Year Months Days 15. Under 24 Hours Hours Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *laborer* 17. KIND OF BUSINESS OR INDUSTRY *Trucking* 18. BIRTHPLACE (State or foreign country) *Balto Co. Md.* 19. CITIZEN OF WHAT COUNTRY? *U.S.A.*

20. FATHER'S NAME *Lisbon Jackson* 21. MOTHER'S MAIDEN NAME *Anna Cheatwood*

22. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) 23. SOCIAL SECURITY NO. 24. INFORMANT *JOHNS HOPKINS HOSPITAL*

25. 002X

26. CAUSE OF DEATH *Pulmonary Tuberculosis*

27. INTERVAL BETWEEN ONSET AND DEATH *? 18 Mos.*

28. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

29. ANTECEDENT CAUSES

30. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

31. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

32. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

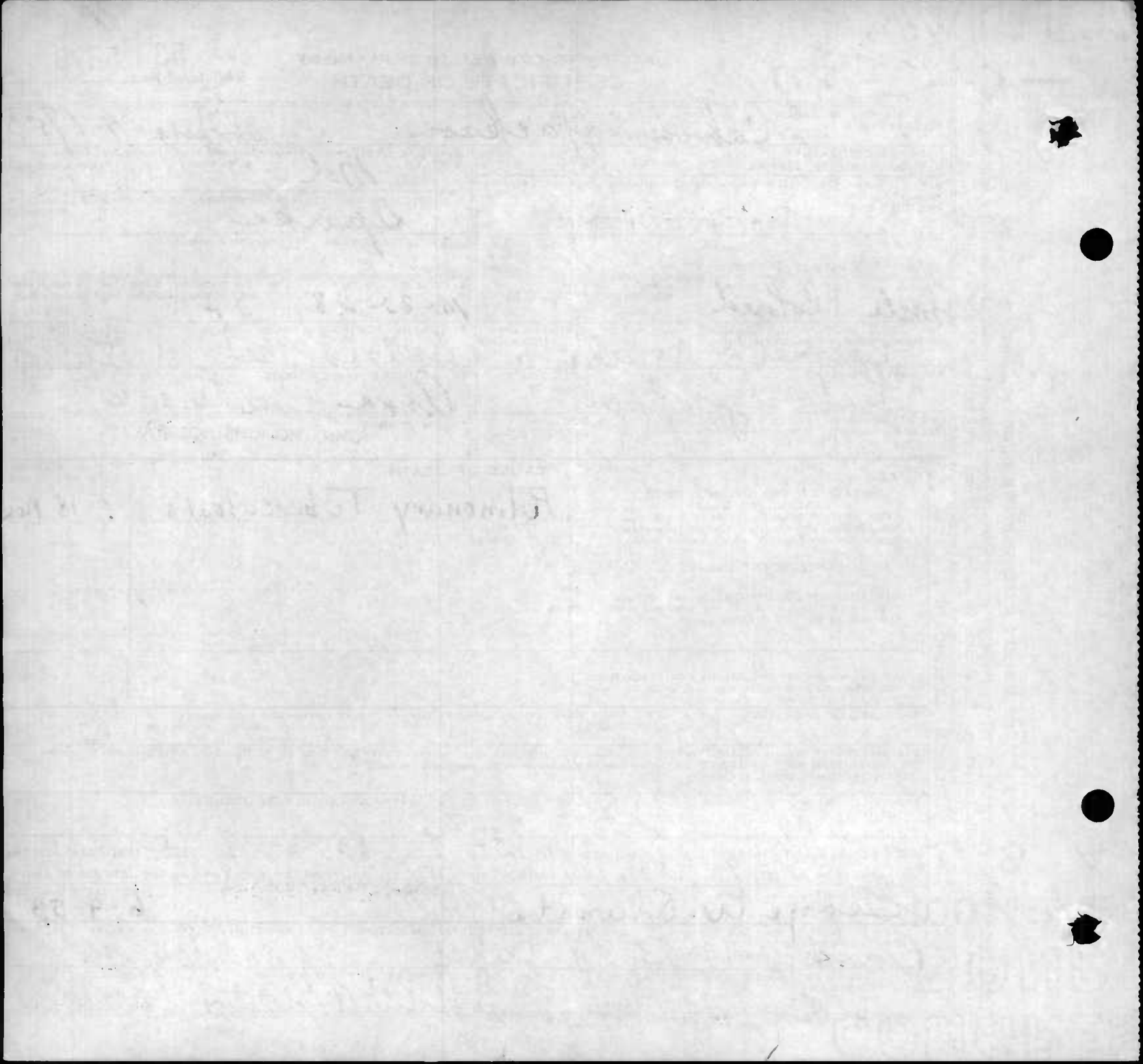
22. I hereby certify that I attended the deceased from *5-1-53* to *6-9-53*, that I last saw the deceased alive on *6-9-53*, and that death occurred at *2:00* m., from the causes and on the date stated above.

23A. SIGNATURE *George A. Edwards* 23B. ADDRESS *JOHNS HOPKINS HOSPITAL* 23C. DATE SIGNED *6-9-53*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *6-17-53* 24C. NAME OF CEMETERY OR CREMATORY *St. Luke's* 24D. LOCATION (City, town, or county) (State) *Monkton, Md.*

25. DATE RECEIVED BY LOCAL REGISTRAR *JUN 9 1953* 26. REGISTRAR'S SIGNATURE *Wilmington, Delaware* 27. FUNERAL DIRECTOR'S ADDRESS *F. Scott Brooks, Sparks, Md.*

97024



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 5380
Registered No. 53 5380

53 5380
BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles S. Quimby

2. DATE
OF
DEATH

6-9-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Queen Anne's

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Centreville

D. STREET ADDRESS (If rural, give location)

6700

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

April 1, 1883

9. AGE (In years
last birthday)

70

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ret. Farmer

10B. KIND OF BUSINESS OR
INDUSTRY

Tilling the Soil

11. BIRTHPLACE (State or foreign country)

Talbot Co., Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph S. Quimby

14. MOTHER'S MAIDEN NAME

Sophia Coyles

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS Md.

Mrs. M. Louise Quimby Centreville

18. 177X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Urinary Tract obstruction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Ureteral, Bladder metastasis

(C)

Carcinoma prostate

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

6-4-53

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

Urinary obstruction

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-29, 1953, to 6-9, 1953 that I last saw the
deceased alive on 6-9, 1953, and that death occurred at 4:40 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Grammer

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

6-9-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/13/53

24C. NAME OF CEMETERY OR CREMATORY

Chesterfield Cem.

24D. LOCATION (City, town, or county)

Centreville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 10 1953

Hunting E. 10/10, 1953

Barton Bros. Centreville, Md.

Charles S. Jones

Very truly yours,

Charles S. Jones

Secretary

Washington, D.C.

June 10, 1900

Dear Sir:

I have the honor to acknowledge the receipt of your letter of the 6th inst.

and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-324

53 5381 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5381

1. NAME OF DECEASED (Type or Print) Mrs. Mary J. Mitchell

2. DATE OF DEATH June 7th, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)
1512 Burnwood Road

6. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
Baltimore 27-09

7. STREET ADDRESS (If rural, give location)
1512 Burnwood Road

8. Length of stay in Baltimore Yrs. Mos. Days

9. SEX female 10. COLOR OR RACE white 11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed

12. DATE OF BIRTH Feb. 26, 1906

13. AGE (In years last birthday) 46

14. Under 1 Year Months: Days 15. Under 24 Hours Hours: Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home

17. KIND OF BUSINESS OR INDUSTRY

18. BIRTHPLACE (State or foreign country) Baltimore, Maryland

19. CITIZEN OF WHAT COUNTRY?

20. FATHER'S NAME Richard Mc Ilvaney

21. MOTHER'S MAIDEN NAME Margaret Carse

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

23. SOCIAL SECURITY NO.

24. INFORMANT Mrs. Margaret F. Ischesser, 1512 Burnwood

25. ADDRESS

26. CAUSE OF DEATH

27. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

28. ANTECEDENT CAUSES

29. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

30. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

31. DATE OF OPERATION 0

32. CONDITION FOR WHICH OPERATION WAS PERFORMED

33. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

34. AUTOPSY? YES ☐ NO ☐

35. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

36. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

37. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

38. TIME (Month) (Day) (Year) (Hour) OF INJURY

39. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

40. HOW DID INJURY OCCUR?

41. I hereby certify that I attended the deceased from May 7, 1953, to June 7, 1953, that I last saw the deceased alive on June 7, 1953, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

42. SIGNATURE Dr. E. W. T. Odom M. D.

43. ADDRESS 1202 St. Paul St.

44. DATE SIGNED June 9/53

45. BURIAL, CREMATION, REMOVAL (Specify) Burial

46. DATE June 10, 1953

47. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery

48. LOCATION (City, town or county) (State) Baltimore, Maryland

49. DATE RECEIVED BY LOCAL REGISTRAR JUN 10 1953

50. REGISTRAR'S SIGNATURE Huntington Williams, M.D.

51. JUNE 10 DIRECTOR Leonard J. Ruck

52. ADDRESS 5305 Harford Road #14

VS 150

Dr. Ko ons

4-6

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 5382**

53 5382

BIRTH NO.

1. NAME OF DECEASED (Type or Print) **Anthony H. Rolfes** 2. DATE OF DEATH **6/6/53**

3. PLACE OF DEATH: A. Baltimore City, Maryland **Balto** 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE **Balto** B. COUNTY **md.**

B. FULL NAME OF HOSPITAL OR INSTITUTION **USPHS Hospital, B** C. CITY OR TOWN **Balto. md** (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location) **1237 S. Clinton St.**

c. Length of stay in Baltimore Yrs. **57** Mon. **26** Days **11**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **10/17/92** 9. AGE (In years last birthday) **60** If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **TAVERN KEEPER** 10B. KIND OF BUSINESS OR INDUSTRY **SELF.** 11. BIRTHPLACE (State or foreign country) **BALTO, md.** 12. CITIZEN OF WHAT COUNTRY? **USA**

13. FATHER'S NAME **Roy B. Rolfes** 14. MOTHER'S MAIDEN NAME **Catherine ?**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **yes.** (If yes, give war or dates of service) **W.W.I** 16. SOCIAL SECURITY NO. **219-03-4307** 17. INFORMANT **Patient** ADDRESS **Same**

18. **163X** CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) **Carcinome of lung** DUE TO

INTERVAL BETWEEN ONSET AND DEATH **???**

ANTECEDENT CAUSES (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION **7** 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6/6**, 19**53**, to **6/6**, 19**53**, that I last saw the deceased alive on **6/6**, 19**53**, and that death occurred at **7:22** a.m., from the causes and on the date stated above.

23A. SIGNATURE **Norman Tarr** M. O. **USPHS Hosp. Balto** 23C. DATE SIGNED **6/6/53**

24A. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24B. DATE **6-10-53** 24C. NAME OF CEMETERY OR CREMATORY **HOLY REDEEMER CEM.** 24D. LOCATION (City, town, or county) (State) **4430 BELAIR RD. BALTO. MD**

DATE RECEIVED BY **JUN 10 1953** REGISTRAR'S SIGNATURE **Huntington Williams** 25. FUNERAL DIRECTOR **Charles S. Zeiler** ADDRESS **901 S. CONKLING BALTO. 24. MD. ST**

VS 150 **2906 M**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

1002

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1912

John H. Kelly

White

John H. Kelly

John H. Kelly

John H. Kelly

John H. Kelly

John H. Kelly

John H. Kelly

John H. Kelly

John H. Kelly

John H. Kelly

John H. Kelly

John H. Kelly

CAUSE OF DEATH

John H. Kelly

John H. Kelly

John H. Kelly

John H. Kelly

John H. Kelly

John H. Kelly

John H. Kelly

John H. Kelly

John H. Kelly

John H. Kelly

John H. Kelly

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5383
Registered No.

BIRTH NO. 53 5383

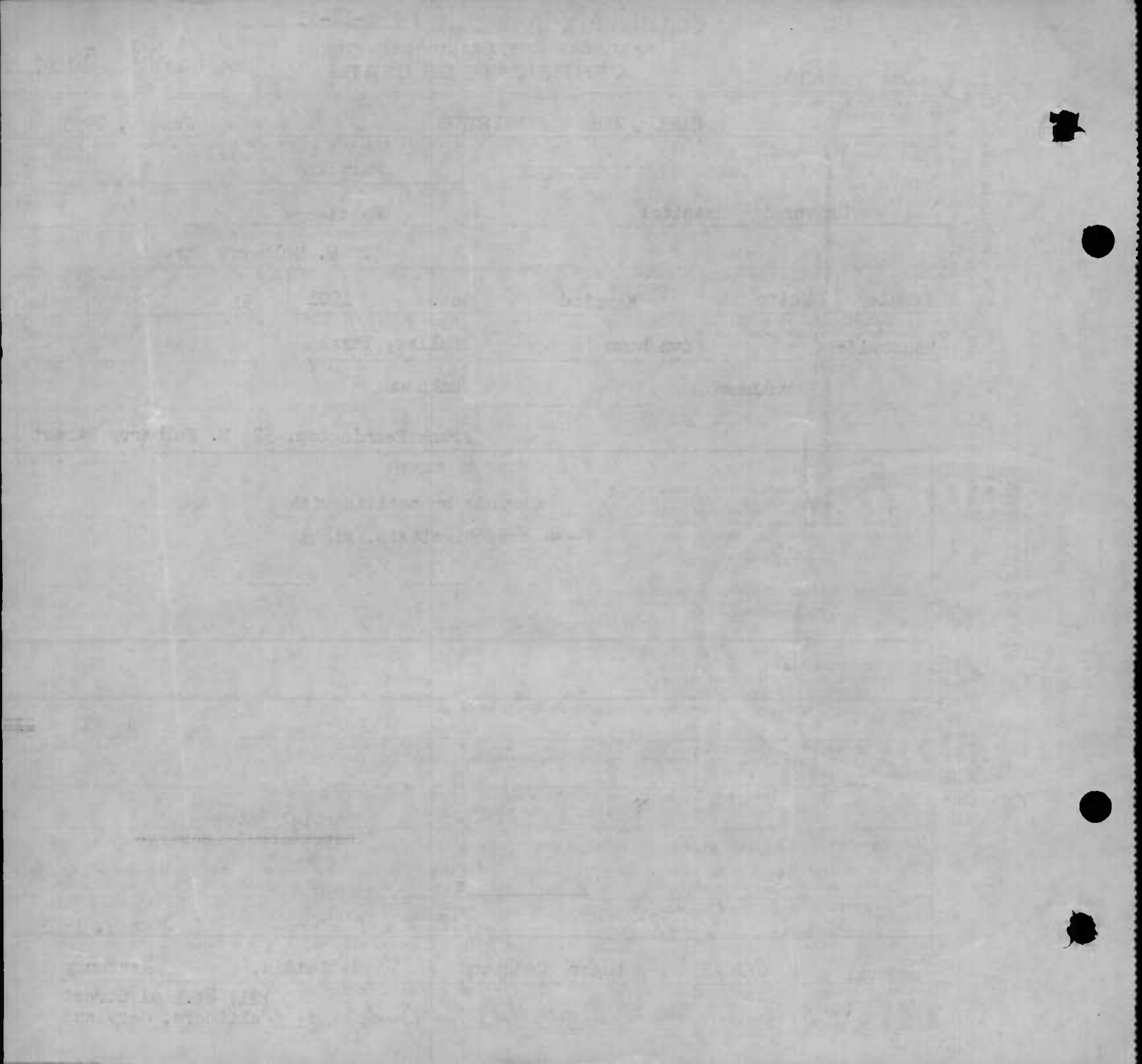
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
BERNADETTE H. LAWRENCE			June 9, 1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
b. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			a. STATE Maryland b. COUNTY		
c. Length of stay in Baltimore 2 Yrs. Mos. Days			c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 27-38 d. STREET ADDRESS (If rural, give location) 1619 Waverly Way		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb-18-1925		9. AGE (In years last birthday) 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Speech Correction Teacher-Public Schools - Brooklyn N.Y.			11. BIRTHPLACE (State or foreign country) U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles G. Holland			14. MOTHER'S MAIDEN NAME Anna Golden		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No No		16. SOCIAL SECURITY NO. 081-20-3241	17. INFORMANT ADDRESS Robert L. Lawrence-1619 Waverly Way		
18. 422.2 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocarditis-type undetermined (A) DUE TO ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23a. SIGNATURE W. L. Lawrence		23b. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23c. DATE SIGNED June 9, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 10-1953		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) Brooklyn, N.Y.		24e. DATE RECEIVED BY LOCAL REGISTRAR JUN 10 1953			
24f. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		24g. FUNERAL DIRECTOR B. J. Brown		24h. ADDRESS 2224 N. Charles St.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BIRTH NO. 53 5384				BALTIMORE CITY HEALTH DEPARTMENT		Registered No. 53 5384	
1. NAME OF DECEASED (Type or Print)				MARY JANE PENNINGTON		2. DATE OF DEATH June 9, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Yrs. Mos. Days				O. STREET ADDRESS (If rural, give location) 526 W. Mulberry Street			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 1901		9. AGE (In years last birthday) 51	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Dallas, Texas		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME unknown				14. MOTHER'S MAIDEN NAME unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Frank Pennington, 526 W. Mulberry Street		
18. 526X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic bronchitis with bronchiectasis, right ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Partial Autopsy Inspection & Inquiry			
22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .							
23A. SIGNATURE <i>William H. Williams</i>				23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED June 9, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) removal		24B. DATE 6/10/53		24C. NAME OF CEMETERY OR CREMATORY Loper Cemetery		24D. LOCATION (City, town, or county) (State) Letitia, Kentucky	
DATE RECEIVED BY LOCAL REGISTRAR JUN 10 1953		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Wm. Cook & Co.</i>		ADDRESS 1217 St. Paul Street Baltimore, Maryland	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

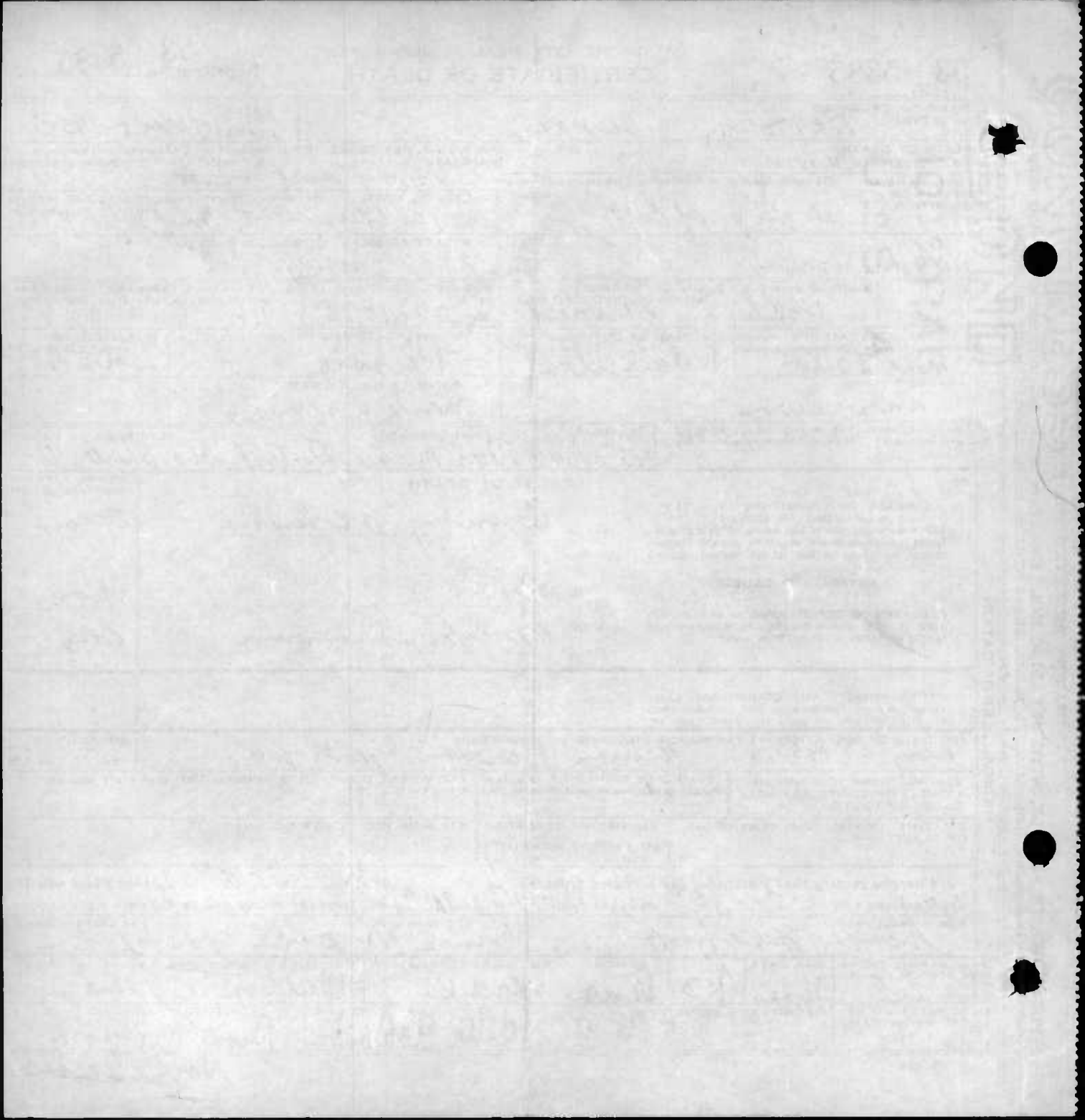
53 5385
Registered No. 53 5385

53 5385
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Deitsch, Morris</i>			2. DATE OF DEATH <i>June 6, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Sinai Hosp. of Balt., Inc.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore, 5, Md.</i>		
c. Length of stay in Baltimore Yrs. <i>42</i> Mos. <i>12</i> Days <i>15</i>			D. STREET ADDRESS (If rural, give location) <i>2437 Shirley Ave.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE (MARRIED, WIDOWED, DIVORCED (Specify)) <i>Married</i>	8. DATE OF BIRTH <i>Sept 21, 1878</i>	9. AGE (In years last birthday) <i>74</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <i>Radies Tailor</i>
10a. KIND OF BUSINESS OR INDUSTRY <i>Retail Store</i>			11. BIRTHPLACE (State or foreign country) <i>Russia</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>Unknown</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>213-05-4999</i>	17. INFORMANT ADDRESS <i>Mrs. Munnie Deitsch - 2437 Shirley Ave.</i>		

18. <i>420.0 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary occlusion</i>		INTERVAL BETWEEN ONSET AND DEATH <i>30 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>184D</i>		<i>years.</i>
(A) DUE TO		
(B) DUE TO <i>Bronchopneumonia</i>		<i>6 days</i>
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION <i>May 29, 1953</i>		19b. MAJOR FINDINGS OF OPERATION <i>Benign Prostatic Hypertrophy</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDER- LIVING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5/10</i> 1953, to <i>6-8</i> , 1953, that I last saw the deceased alive on <i>6-8</i> , 1953, and that death occurred at <i>11:45</i> a.m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Mon Fox Goodfellow</i>		23b. ADDRESS <i>Sinai Hospital</i>		23c. DATE SIGNED <i>6/8/53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>June 10/53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Bnai Israel</i>	
24d. LOCATION (City, town, or county) (State) <i>Baltimore, Md</i>		25. FUNERAL DIRECTOR ADDRESS <i>5906 E. Lehigh - Bldg. 2 - 1124-26 W. North Avenue</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 10 1953</i>		REGISTRAR'S SIGNATURE <i>Thurston D. Johnson</i>		26. ADDRESS <i>5906 E. Lehigh - Bldg. 2 - 1124-26 W. North Avenue</i>	



53 5386

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 5386

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sister Emily Brewer

2. DATE
OF
DEATH

June 6, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 6420 Reisterstown Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Baltimore, Maryland B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

The Seton Institute

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 28-31

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

6420 Reisterstown Road

5. SEX

F

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Jan. 18, 1890

9. AGE (In years)

83

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Catholic Sister

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Charlestown, Mass.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Brewer

14. MOTHER'S MAIDEN NAME

Ellen Kelly

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

The Seton Institute - 6420 Reisterstown Rd., Baltimore, Md.

ADDRESS
INTERVAL BETWEEN
ONSET AND DEATH

18. 420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary occlusion
Coronary sclerosis2 days
5 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Several arteriosclerosis

12 years

(C) DUE TO

+ Myocarditis

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Psychosis with arteriosclerosis

5 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 7, 1949, to June 8, 1953, that I last saw the deceased alive on June 8, 1953, and that death occurred at 7 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Walker D. Johnson, M.D.

23B. ADDRESS

4212 Reisterstown Rd., Baltimore, Md.

23C. DATE SIGNED

June 9, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 11/53

24C. NAME OF CEMETERY OR CREMATORY

Seton Cemetery

24D. LOCATION (City, town, or county)

Baltimore City

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Stewart & Mowen Co., 108 W. North Ave.

ADDRESS

City #1.

VS 150

City #1.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of medical examiner		11. Signature of coroner		12. Signature of jury	
13. Signature of witness		14. Signature of witness		15. Signature of witness		16. Signature of witness	
17. Signature of witness		18. Signature of witness		19. Signature of witness		20. Signature of witness	
21. Signature of witness		22. Signature of witness		23. Signature of witness		24. Signature of witness	
25. Signature of witness		26. Signature of witness		27. Signature of witness		28. Signature of witness	
29. Signature of witness		30. Signature of witness		31. Signature of witness		32. Signature of witness	
33. Signature of witness		34. Signature of witness		35. Signature of witness		36. Signature of witness	
37. Signature of witness		38. Signature of witness		39. Signature of witness		40. Signature of witness	
41. Signature of witness		42. Signature of witness		43. Signature of witness		44. Signature of witness	
45. Signature of witness		46. Signature of witness		47. Signature of witness		48. Signature of witness	
49. Signature of witness		50. Signature of witness		51. Signature of witness		52. Signature of witness	
53. Signature of witness		54. Signature of witness		55. Signature of witness		56. Signature of witness	
57. Signature of witness		58. Signature of witness		59. Signature of witness		60. Signature of witness	
61. Signature of witness		62. Signature of witness		63. Signature of witness		64. Signature of witness	
65. Signature of witness		66. Signature of witness		67. Signature of witness		68. Signature of witness	
69. Signature of witness		70. Signature of witness		71. Signature of witness		72. Signature of witness	
73. Signature of witness		74. Signature of witness		75. Signature of witness		76. Signature of witness	
77. Signature of witness		78. Signature of witness		79. Signature of witness		80. Signature of witness	
81. Signature of witness		82. Signature of witness		83. Signature of witness		84. Signature of witness	
85. Signature of witness		86. Signature of witness		87. Signature of witness		88. Signature of witness	
89. Signature of witness		90. Signature of witness		91. Signature of witness		92. Signature of witness	
93. Signature of witness		94. Signature of witness		95. Signature of witness		96. Signature of witness	
97. Signature of witness		98. Signature of witness		99. Signature of witness		100. Signature of witness	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 5387
Registered No. 53 5387

BIRTH NO. 53 5387

1. NAME OF DECEASED (Type or Print) JOSEPH MORTIER ARMSTRONG			2. DATE OF DEATH JUN 9, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE CITY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) UNION MEMORIAL HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 11-04		
c. Length of stay in Baltimore 12 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 203 W. LANVALE ST.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH DEC 22, 1884	9. AGE (In years last birthday) 68	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10B. KIND OF BUSINESS OR INDUSTRY Credit work		
11. BIRTHPLACE (State or foreign country) ARIZONA			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME JOHN S. ARMSTRONG			14. MOTHER'S MAIDEN NAME SARAH FINCH		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 213-10-6024A	17. INFORMANT ADDRESS ROSA ARMSTRONG SAME		

18. 356.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) PROGRESSIVE MYELOPATHIC MUSCULAR ATROPHY			INTERVAL BETWEEN ONSET AND DEATH 3 YRS
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from JUN 3, 1953 to JUN 9, 1953 that I last saw the deceased alive on JUN 8, 1953 , and that death occurred at 8:18 m., from the causes and on the date stated above.			
23A. SIGNATURE E. Erle Lunnell Jr. M.D.		23B. ADDRESS UNION MEMORIAL HOSP	23C. DATE SIGNED JUN. 9, 53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 11/53	24C. NAME OF CEMETERY OR CREMATORY St. Stephen Cemetery	24D. LOCATION (City, town, or county) (State) Bridgeway, South Carolina
DATE RECEIVED BY LOCAL REGISTRAR JUN 10 1953		25. FUNERAL DIRECTOR'S ADDRESS Stewart & Mowen Co. 108-W North Ave City #1.	

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

IN SENATE, JANUARY 1, 1901.

REPORT OF THE ATTORNEY GENERAL

FOR THE YEAR 1900.

ALBANY: JAMES B. LEECH, STATE PRINTER, 1901.

PRICE, FIFTY CENTS.

SALE BY THE STATE.

NEW YORK: JAMES B. LEECH, STATE PRINTER, 1901.

ALBANY: JAMES B. LEECH, STATE PRINTER, 1901.

NEW YORK: JAMES B. LEECH, STATE PRINTER, 1901.

ALBANY: JAMES B. LEECH, STATE PRINTER, 1901.

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ALBANY: JAMES B. LEECH, STATE PRINTER, 1901.

NEW YORK: JAMES B. LEECH, STATE PRINTER, 1901.

S-145
53 5388WENDELIN SCHAEFLIN
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 5388

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) WENDELIN SCHAEFLIN		2. DATE OF DEATH 6/8/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Balto - Md - 1-01			
c. Length of stay in Baltimore 55 Yrs. Mo Days		D. STREET ADDRESS (If rural, give location) 306 S. Robinson St			
5. SEX M.	6. COLOR OR RACE N.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 6-3-86	9. AGE (In years last birthday) 76	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10B. KIND OF BUSINESS OR INDUSTRY Self Employed		11. BIRTHPLACE (State or foreign country) Germany	
13. FATHER'S NAME Otto Schaefflin		14. MOTHER'S MAIDEN NAME Barbara - ?		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Regina Schaefflin ADDRESS same	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) coronary thrombosis		CAUSE OF DEATH coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 Hour	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. coronary arteriosclerosis		(B) DUE TO		??	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. none		(C) DUE TO			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from JUNE-2 , 19 53 to JUNE-2 , 19 53 that I last saw the deceased alive on 19 , and that death occurred at 10:00 p. m., from the causes and on the date stated above.					
23A. SIGNATURE Stuart D. Sunday M. D.		23B. ADDRESS 201 CHST 334		23C. DATE SIGNED 6/8/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-12-53		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) (State) Balto - Md		25. FUNERAL DIRECTOR Lilly + John ch - 403 S. Wolfe		ADDRESS that	
DATE RECEIVED BY LOCAL REGISTRAR JUN 10 1953		REGISTRAR'S SIGNATURE Huntington Williams			

2452

RECEIVED
CENTRE OF DEPT.

1952

10/12

UNIT 101

11/12

10/12

10/12

10/12

10/12

10/12

10/12

10/12

10/12

10/12

10/12

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 53 5389

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Conner, Anna (101 Conner)

2. DATE
OF
DEATH

June 8, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

St. Joseph's

Yrs.
Mos.
Days

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1100 South Clinton Street

c. Length of stay in Baltimore

61 yr.

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

4-23-92

9. AGE (in years last birthday)

61

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Teacher

10B. KIND OF BUSINESS OR INDUSTRY

School 230

11. BIRTHPLACE (State or foreign country)

Baltimore County

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John O'Connor

14. MOTHER'S MAIDEN NAME

Anna Cunningham

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Frank O'CONNOR

ADDRESS

400 Imla Street

1B.

443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral vascular hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive cardiovascular disease

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 4, 1953 to June 8, 1953, that I last saw the deceased alive on June 8, 1953, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

E. P. Koffay Jr.

M. D.

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

June 8, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6-12-53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston

25. FUNERAL DIRECTOR

Lilly & Zeiler, Inc

ADDRESS

403 S. Wolfe Street

VS 150

0938V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

TO : DIRECTOR, CENTRAL INTELLIGENCE AGENCY
FROM : [Illegible]
SUBJECT : [Illegible]
[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a memorandum or report.]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5390

BIRTH NO. 53 5390

1. NAME OF DECEASED
(Type or Print)

Lawrence Robinson (Lawrence R. Robinson)

2. DATE
OF DEATH

6/6/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hospital of Baltimore, Inc.

C. Length of stay in Baltimore

66

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1303 Greenmount Ave.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

12/2/1887

9. AGE (In years last birthday)

66

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR INDUSTRY

Building

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Alexander H. Robinson

14. MOTHER'S MAIDEN NAME

Lenora Cook

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

213-16-0869

17. INFORMANT

Mrs. Laura Robinson, York, Pa.

ADDRESS

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive, Arteriosclerotic Cardio-

DUE TO

(C) Vascular Disease with Heart Failure

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/3, 1953, to 6/6, 1953, that I last saw the deceased alive on 6/6, 1953, and that death occurred at 2:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Charles R. R. R.

23B. ADDRESS

Sinai Hosp. of Balto.

23C. DATE SIGNED

6/6/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

6/10/53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

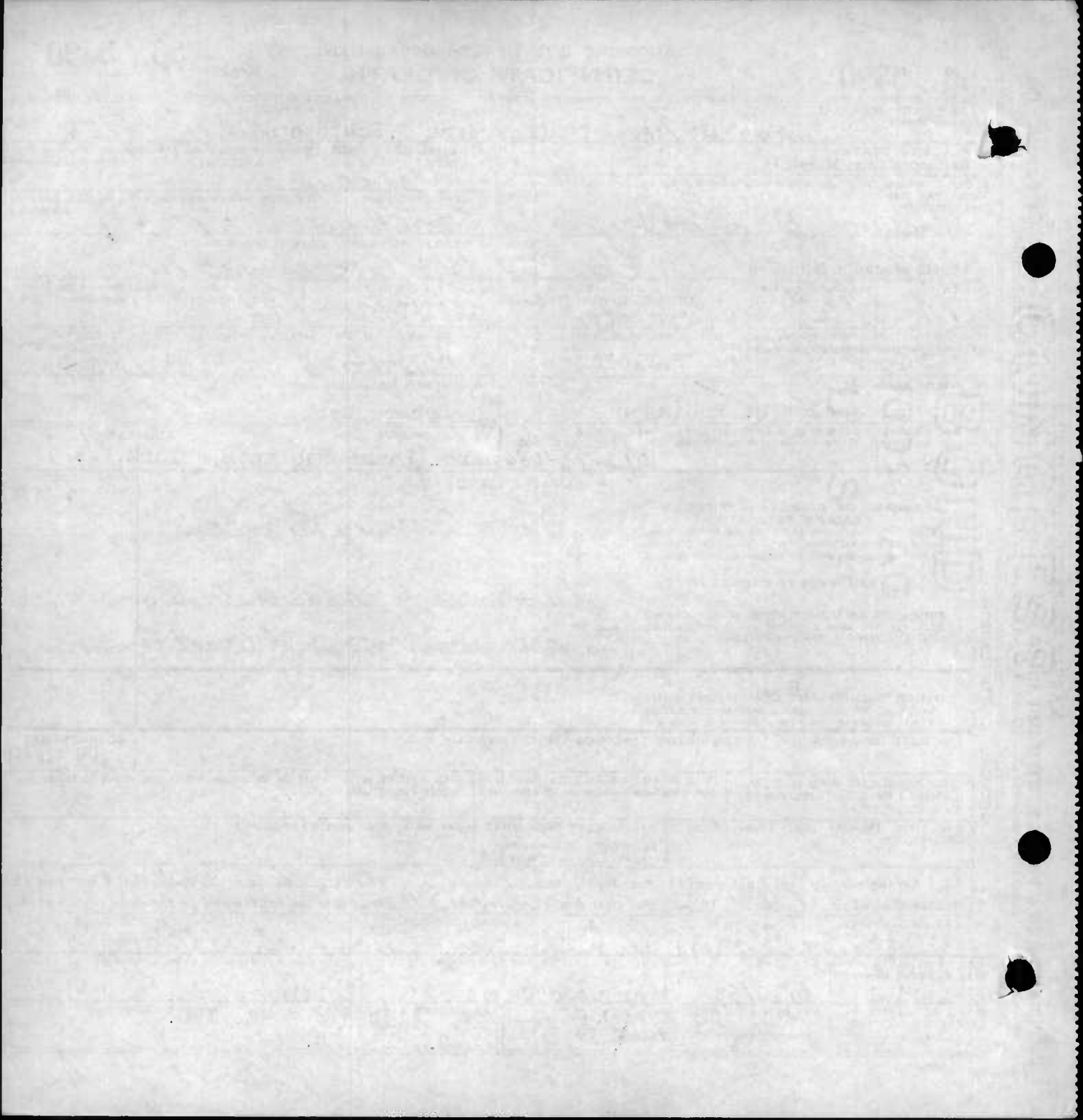
Huntington

25. FUNERAL DIRECTOR

HENRY SANDERSON & SONS, INC.

ADDRESS

BALTO., 13, MD.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be accurately supplied. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5391

BIRTH NO. 53 5391

1. NAME OF DECEASED (Type or Print) Phillips, Anna Marie (ANNA MARIE PHILLIPS)			2. DATE OF DEATH June 8 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-05		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 3202 Glenmore Avenue		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 17, 1896		9. AGE (In years last birthday) 56
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Baltimore, Md.
13. FATHER'S NAME Frederick Gierloff			14. MOTHER'S MAIDEN NAME Frances Troyan		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. none		17. INFORMANT 3202 Glenmore Avenue Mr. George P. Phillips, Jr.

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hyper-tensive Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (A) Cerebral Hemorrhage		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Cerebral Hemorrhage		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION ✓		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE William V. Smith		23B. ADDRESS 700 Fleet St. Baltimore 2		23C. DATE SIGNED June 8, 53	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 6/11/53		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	
				24D. LOCATION (City, town, or county) Baltimore, Md.	

DATE RECEIVED BY LOCAL REGISTRAR JUN 10 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.	
				ADDRESS BALTO., 13, MD	

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 5392

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5392
Registered No.

1. NAME OF DECEASED (Type or Print) Katie W. Schuchhardt			2. DATE OF DEATH June 9, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3011 Chesley Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3011 Chesley Avenue		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH March 2, 1870	9. AGE (In years last birthday) 83	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
13. FATHER'S NAME August Ekas			14. MOTHER'S MAIDEN NAME Mary		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. Clarence C. Schuchhardt, 1411 Carswell St.		
18. 593X and E962.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. fracture neck left femur			CAUSE OF DEATH (A) Wernia DUE TO (B) Nephritis DUE TO (C) fracture neck left femur		INTERVAL BETWEEN ONSET AND DEATH 4 days Unknown M. D.
19A. DATE OF OPERATION 1-17-52		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED fracture neck left femur		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 3011 Chesley Ave		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 3011 Chesley Avenue	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 1-15-52 m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Fell in her bedroom	
22. I hereby certify that I attended the deceased from 1945 , 19, to 6-9-53 19, that I last saw the deceased alive on 6-8- , 1953, and that death occurred at 1:45 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE C. W. Peake			23B. ADDRESS 4501 Hanford Rd		23C. DATE SIGNED 6-9-53
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 6/12/53		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR ADDRESS Huntington Williams, Mortuary, Inc., 1217 St. Paul St.			

Page 10 of 20

Mr. [Name] [Address]
[City] [State] [Zip]
[Phone Number]
[Email Address]

Mr. [Name] [Address]
[City] [State] [Zip]

DECLARATION APPROVED BY
[Signature]
[Date]

Mr. [Name] [Address]
[City] [State] [Zip]
[Phone Number]
[Email Address]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 5393		BALTIMORE CITY HEALTH DEPARTMENT		53 5393	
BIRTH NO.		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print)		MARGARET ELIZABETH GUENTERBERG		2. DATE OF DEATH June 9, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.		B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		D. STREET ADDRESS (If rural, give location) 2918 Windsor Ave.	
c. Length of stay in Baltimore		Yrs. Mos. Days		2918 Windsor Ave.	
5. SEX F.	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 26, 1895	9. AGE (In years, last birthday) 58	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10B. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Cumberland, Md.	
13. FATHER'S NAME Bernard Guenterberg		14. MOTHER'S MAIDEN NAME Agnes Hymann		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT Mr. Austin G. Cooke	
18. 171X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH		(A) Carcinoma cervix		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) generalized metastases			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION O		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 11, 1953, to June 9, 1953, that I last saw the deceased alive on June 8, 1953, and that death occurred at 11:50 a. m., from the causes and on the date stated above.					
23A. SIGNATURE N. G. Needles		23B. ADDRESS 4215 Park Heights Rd.		23C. DATE SIGNED 6/9/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 6/12/53		24C. NAME OF CEMETERY OR CREMATORY Sts. Peter & Paul Cem.	
24D. LOCATION (City, town, or county) Cumberland, Md.		24E. NAME OF CEMETERY OR CREMATORY Sts. Peter & Paul Cem.		24F. LOCATION (City, town, or county) Cumberland, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 10 1953		REGISTRAR'S SIGNATURE Huntington Halladay		25. FUNERAL DIRECTOR Wm. J. Tekner, Sons Inc. Balt Md	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

5233

NAME

AGE

10000

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF BURIAL

DATE OF INTERMENT

PLACE OF INTERMENT

DATE OF INTERMENT

PLACE OF INTERMENT

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-345

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5394

53 5394
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

SAMUEL BODLIEN

2. DATE
OF
DEATH

June 8, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2905 Ridgewood Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

2905 Ridgewood Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 16, 1868

9. AGE (In years,
last birthday)

85

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

tailor

10B. KIND OF BUSINESS OR
INDUSTRY

Dept. Store

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

?

13. FATHER'S NAME

Bodlien

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
212-16-5223A

17. INFORMANT

ADDRESS

Mr. Arthur Bodlien - 2905 Ridgewood Ave.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ...
DUE TO

Coronary thrombosis 2 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TO

Generalized arteriosclerosis

(C) ...

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1949 to June 8, 1953 that I last saw the
deceased alive on June 8, 1953 and that death occurred at 12:15 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Balto., Md.

CERTIFICATE OF DEATH

DECEASED

A. 10. 1901

Last name

First name

Middle name

Date of birth

Place of birth

Sex

Race

Religion

Education

Occupation

Marital status

Cause of death

Date of death

Place of death

Time of death

Signature of physician

Signature of registrar

Signature of witness

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 5395 Registered No. 53 5395	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) MARGARET COREY			2. DATE OF DEATH JUNE 10, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE PA. B. COUNTY SUSQ.		
B. FULL NAME OF HOSPITAL OR INSTITUTION 520 WALKER AVE.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MONTROSE V-35		
c. Length of stay in Baltimore 9 WKS.			D. STREET ADDRESS (If rural, give location) 3 1/2 CHESTNUT		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JULY 15, 1880	9. AGE (In years last birthday) 72	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (State or foreign country) SCOTLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME WM HUGHES			14. MOTHER'S MAIDEN NAME CHRISTINA URQUHART		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 176-72-6537D	17. INFORMANT ADDRESS BARBARA M. HARVEY 520 WALKER AVE.		
18. 154X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Sigmoid & Rectum			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from April 25, 1953 to June 10, 1953 , that I last saw the deceased alive on June 10, 1953 , and that death occurred at 2:30 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Lawrence C. Tosh		23B. ADDRESS 6805 York Rd.		23C. DATE SIGNED 6/10/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 6-14-1953	24C. NAME OF CEMETERY OR CREMATORY MONTROSE	24D. LOCATION (City, town, or county) (State) MONTROSE PA		
DATE RECEIVED BY LOCAL REGISTRAR JUN 10 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS H.W. JENKINS & SONS Co. 4905 YORK RD.		

DR. L. POST

612 WILTON RD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 5396

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 5396
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marshall Harper

2. DATE
OF
DEATH

6-7-53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

MD.

B. COUNTY

b. FULL NAME OF HOSPITAL OR INSTITUTION

University Hospital

c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Balto

16-01

d. STREET ADDRESS (If rural, give location)

1108 N. Stockton St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 25, 1900

9. AGE (in years last birthday)

53

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Petersburg Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Jacob Harper

14. MOTHER'S MAIDEN NAME

Susie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

Yes

16. SOCIAL SECURITY NO.

WWI

17. INFORMANT

Lillie Harper N. Stockton St.

ADDRESS

18. 422.1 and 260X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Arteriosclerotic Cardiovascular Disease

ANTECEDENT CAUSES

(B)

DUE TO

Diabetes Mellitus

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23a. SIGNATURE

William T. Spivey

23b. CHIEF MEDICAL EXAMINER ☐

23c. DATE SIGNED

6-7-53

M.D. MEDICAL INVESTIGATOR

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

6/11/1953

24c. NAME OF CEMETERY OR CREMATORY

Balto National

24d. LOCATION (City, town, or county)

Balto

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

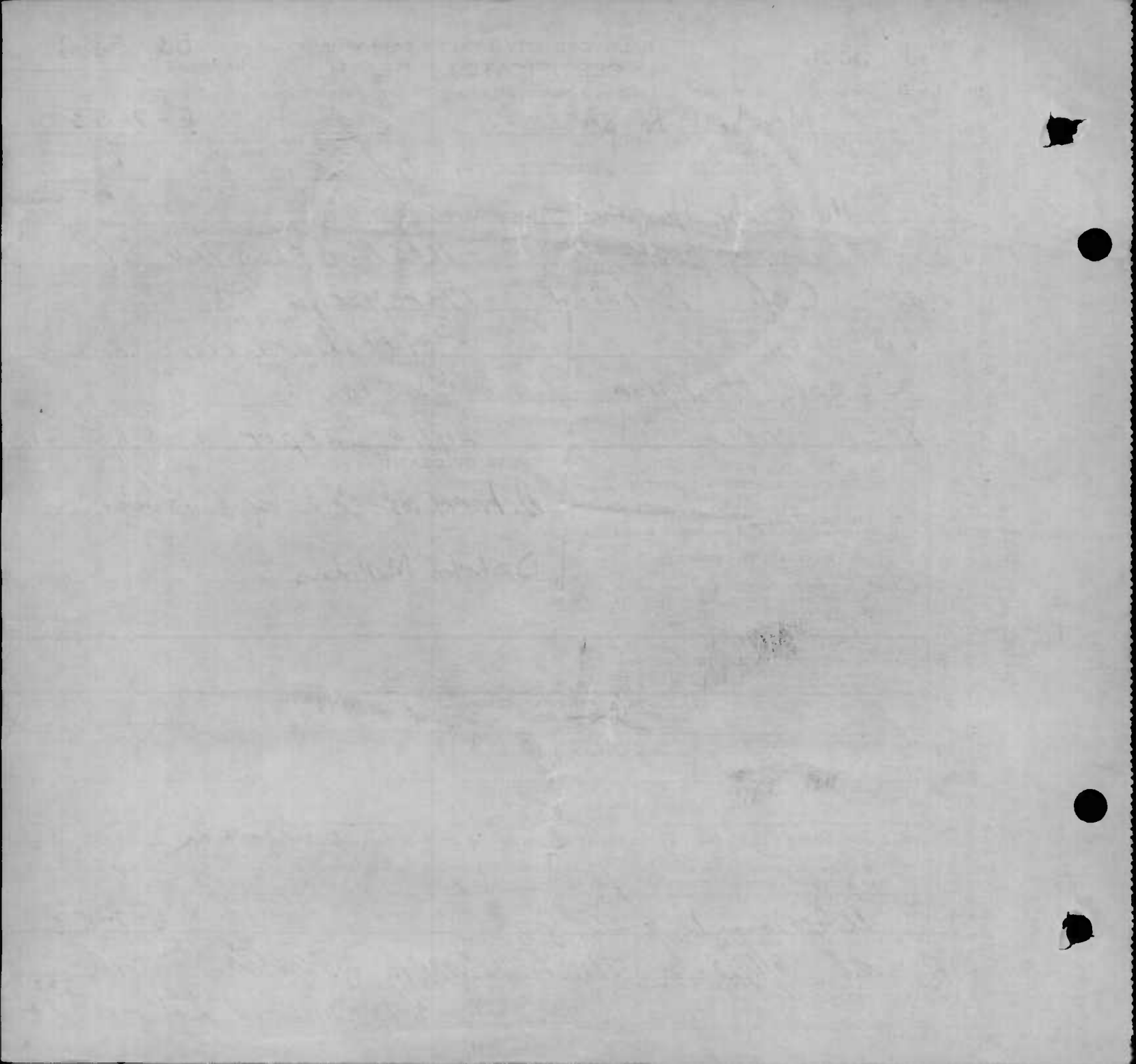
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Kate R. Williams Schroeder

ADDRESS

322 N. Schroeder St.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F. 656				FARMER		BALTIMORE CITY HEALTH DEPARTMENT		53 5397		Registered No.	
BIRTH NO.											
1. NAME OF DECEASED (Type or Print) Joel Farmer						2. DATE OF DEATH June 6, 1953					
3. PLACE OF DEATH: a. Baltimore City, Maryland Med Dept						4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE md. b. COUNTY					
b. FULL NAME OF (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL						c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-06					
c. Length of stay in Baltimore Yrs. Mos. Days						d. STREET ADDRESS (If rural, give location) 2804 W. Maehen St.					
5. SEX Male		6. COLOR OR RACE Colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 9-6-11		9. AGE (In years last birthday) 41		10. Under 1 Year Months: Days: Hours: Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Evington Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Joel Farmer						14. MOTHER'S MAIDEN NAME Hessie White					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes W.W. II				16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL					
18. 201X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) HOGKINS' DISEASE						INTERVAL BETWEEN ONSET AND DEATH 7 yrs					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)											
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.											
19a. DATE OF OPERATION				19b. CONDITION FOR WHICH OPERATION WAS PERFORMED				IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)				21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-8 , 1953, to 6-6 , 1953, that I last saw the deceased alive on 6-6 , 1953, and that death occurred at 6:05 P.m. , from the causes and on the date stated above.											
23a. SIGNATURE G. W. Owens Jr.						23b. ADDRESS JOHNS HOPKINS HOSPITAL		23c. DATE SIGNED 6/11/53			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county)		(State)			
Burial		6/16/1953		Balto. National Cem. - Balto.		Balto.		Md.			
DATE RECEIVED BY LOCAL REGISTRAR JUN 10 1953				REGISTRAR'S SIGNATURE H. H. Williams				25. FUNERAL DIRECTOR Mrs. Kate P. Williams			
								ADDRESS 322 N. Scholberg			
VS 150											
97099											

1884

1884

1884

1884

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.		HOB DAY		BALTIMORE CITY HEALTH DEPARTMENT		Registered No. 53 5398	
1. NAME OF DECEASED (Type or Print)				2. DATE OF DEATH			
John Hobday				June 7, 1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY 3-01			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOPKINS HOSPITAL				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore				O. STREET ADDRESS (If rural, give location) 102 S. Caroline St			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	H Under 1 Year	H Under 24 Hours	H Under 24 Hours
Male	Colored	Married	12/19/	70	Months	Days	Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook				10B. KIND OF BUSINESS OR INDUSTRY Lunch Room			
11. BIRTHPLACE (State or foreign country) Gloucester Co. Va.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME William Hobday				14. MOTHER'S MAIDEN NAME Hester ?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO.			
17. INFORMANT JOHNS HOPKINS HOSPITAL				ADDRESS			
18. E 921.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute anemia				INTERVAL BETWEEN ONSET AND DEATH 2 10 min			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Laryngeal obstruction from aspiration of food				CERTIFICATION APPROVED BY William V. [Signature] M.D. MEDICAL EXAMINER.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATIONSHIP CAUSE OF DEATH ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 102 S. Caroline Street 3/1			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY June 7, 1953		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Aspiration of food			
22. I hereby certify that I attended the deceased from 6-7-1953 to 19, that I last saw the deceased alive on 19 and that death occurred at 1:45 P.M., from the causes and on the date stated above.							
23A. SIGNATURE Richard A. Peel M.D.				23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 6/8/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/12/53		24C. NAME OF CEMETERY OR CREMATORY Hobday Cemetery		24D. LOCATION (City, town, or county) (State) Gloucester Virginia	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		FUNERAL DIRECTOR		ADDRESS	
10/1/1953		H. [Signature]		E. [Signature]		1000 Bunt	
VS 150		N 933.0		75464			

VALLEY

CHURCH

BOND

FORWARD

U. S. A.

1910

1911

1912

1913

1914

1915

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

X
Registered No. 53-5399

BIRTH NO. 53-5399

1. NAME OF DECEASED (Type or Print) PESKIN, LAWRENCE			2. DATE OF DEATH 6-9-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE OHIO B. COUNTY V-32		
B. FULL NAME OF HOSPITAL OR INSTITUTION SINAI HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) CLEVELAND		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2544 ORENBROOK Rd.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 11-28-1894		9. AGE (In years last birthday) 58
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Agent -		10B. KIND OF BUSINESS OR INDUSTRY Internal Revenue	11. BIRTHPLACE (State or foreign country) CLEVELAND (OHIO)		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Not Known			14. MOTHER'S MAIDEN NAME Not Known		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Not Known		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Morton Peskin - Cumberland		

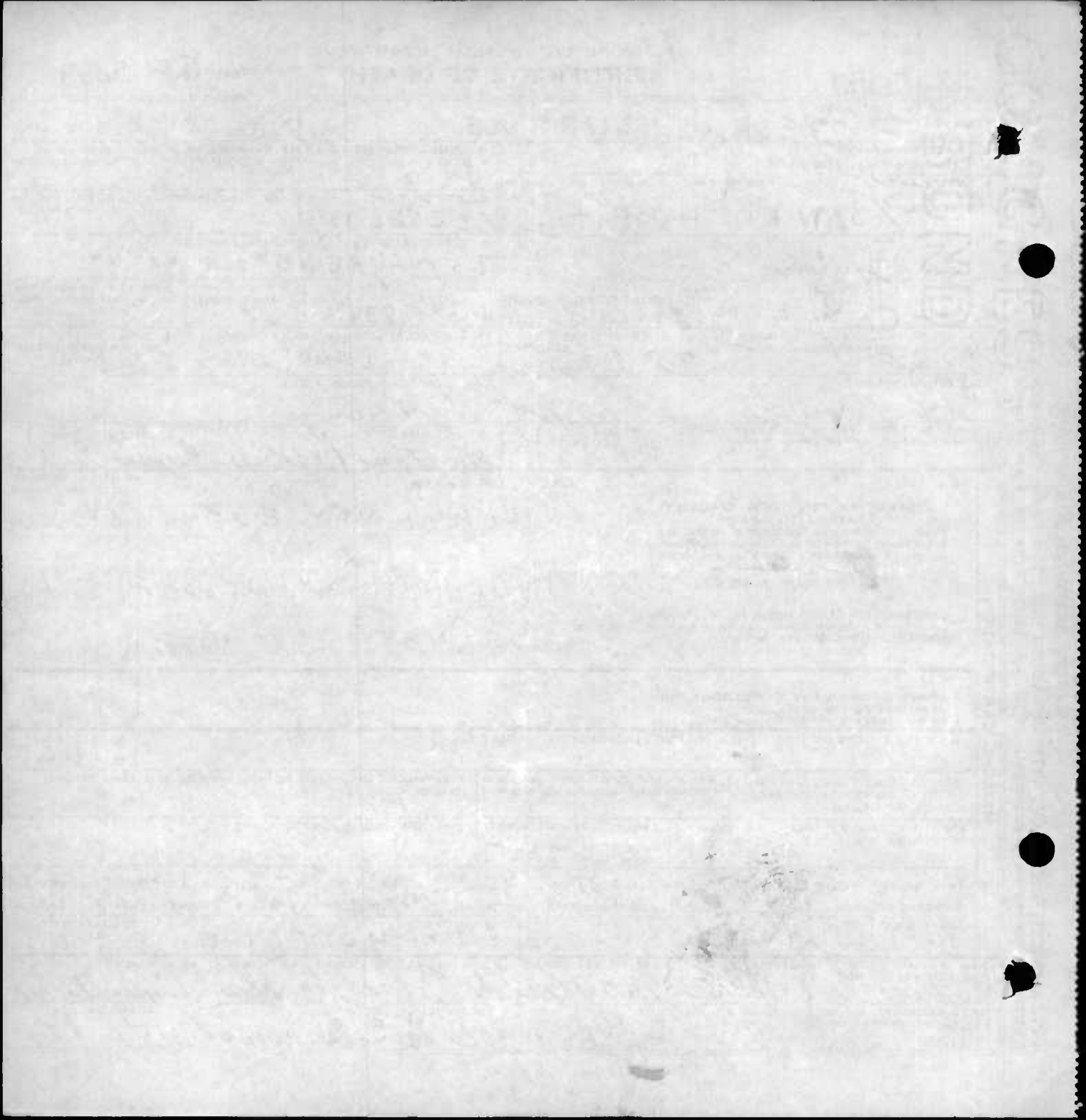
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) DUE TO PULMONARY EDEMA		5 minutes	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO MYOCARDIAL INFARCT		5 days	
		(C) DUE TO CORONARY THROMBOSIS			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 7		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-7 , 19 53 , to 6-9 , 19 53 that I last saw the deceased alive on 6-9 , 19 53 and that death occurred at 12.55 pm. , from the causes and on the date stated above.					
23A. SIGNATURE Dr. Leon Cytunys		23B. ADDRESS SINAI HOSPITAL		23C. DATE SIGNED 6-9-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) removal		24B. DATE 6-10-53		24C. NAME OF CEMETERY OR CREMATORY Mayfield Cem	
24D. LOCATION (City, town, or county) (State) Cleveland Heights, Ohio		24E. DATE RECEIVED BY LOCAL REGISTRAR JUN 10 1953		24F. REGISTRAR'S SIGNATURE Huntington	
24G. FUNERAL DIRECTOR ADDRESS 2100 E. 10th St		24H. SIGNATURE Jack Lewis		24I. ADDRESS 2100 E. 10th St	

000 91

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The corrected copy is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 5400

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)AGNES BUDRECKI2. DATE
OF
DEATHJune 7 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE937 S. KENWOOD AVE4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATEMARYLAND

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

BALTIMORE 1-01

D. STREET ADDRESS (If rural, give location)

937 S. KENWOOD AVE.

c. Length of stay in Baltimore

24

5. SEX

FEMALE

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)MARRIED

8. DATE OF BIRTH

9/20/18929. AGE (In years;
last birthday)60If Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Housewife10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

LITHUANIA12. CITIZEN OF
WHAT COUNTRY?LITH. =

13. FATHER'S NAME

MIKE BARTUSAVICH

14. MOTHER'S MAIDEN NAME

MARGARET.15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, No or unknown) (If yes, give war or dates of service)NO16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
FRANK BUDRECKI 937 S. KENWOOD AVE18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) CEREBRAL HEMORRHAGE
DUE TO ARTERIOSCLEROTIC
HYPERTENSIVE VASCULAR

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.CEREBRAL HEMORRHAGEINTERVAL BETWEEN
ONSET AND DEATH2 dks3 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/04, 1949 to 6/7, 1953, that I last saw the
deceased alive on 6/7, 1953, and that death occurred at 2:30 m., from the causes and on the date stated above.

23A. SIGNATURE

Benjamin H. Hatcher

M. D.

23B. ADDRESS

121 S. Nehalem Ave.

23C. DATE SIGNED

6/9/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)BURIAL

24B. DATE

6/11/53

24C. NAME OF CEMETERY OR CREMATOR

Holy Redeemer

24D. LOCATION (City, town, or county)

Belair Rd.

(State)

MD.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Charles W. Jackson

ADDRESS

703 McKenry St.

100

RECEIVED

RECEIVED



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 5401
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henry S. Young

2. DATE OF DEATH

6-9-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION

1302 Holbrook St.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1302 Holbrook St.

c. Length of stay in Baltimore

*81- Yrs.
Mos.
Days*

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 12-1872

9. AGE (In years last birthday)

81 yrs

If Under 1 Year Months: Days

0 29

If Under 24 Hours Hours: Min.

0 29

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

printer

10B. KIND OF BUSINESS OR INDUSTRY

U.S.F. and G.

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Stephen Young

14. MOTHER'S MAIDEN NAME

Anna P. Decker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Mrs Catherine E. Salkauska

1302 Holbrook St.

18. *331X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6/7*, 19*53*, to *6/9*, 19*53*, that I last saw the deceased alive on *6/9*, 19*53* and that death occurred at *5 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE

U. G. Hornstein

23B. ADDRESS

784 E. Broad St

23C. DATE SIGNED

6/10/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6-13-1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery Baltimore Md

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

June 10 1953

Frederick W. ...

Charles W. ... 924 E. ...

MARGIN RESERVED FOR BINDING

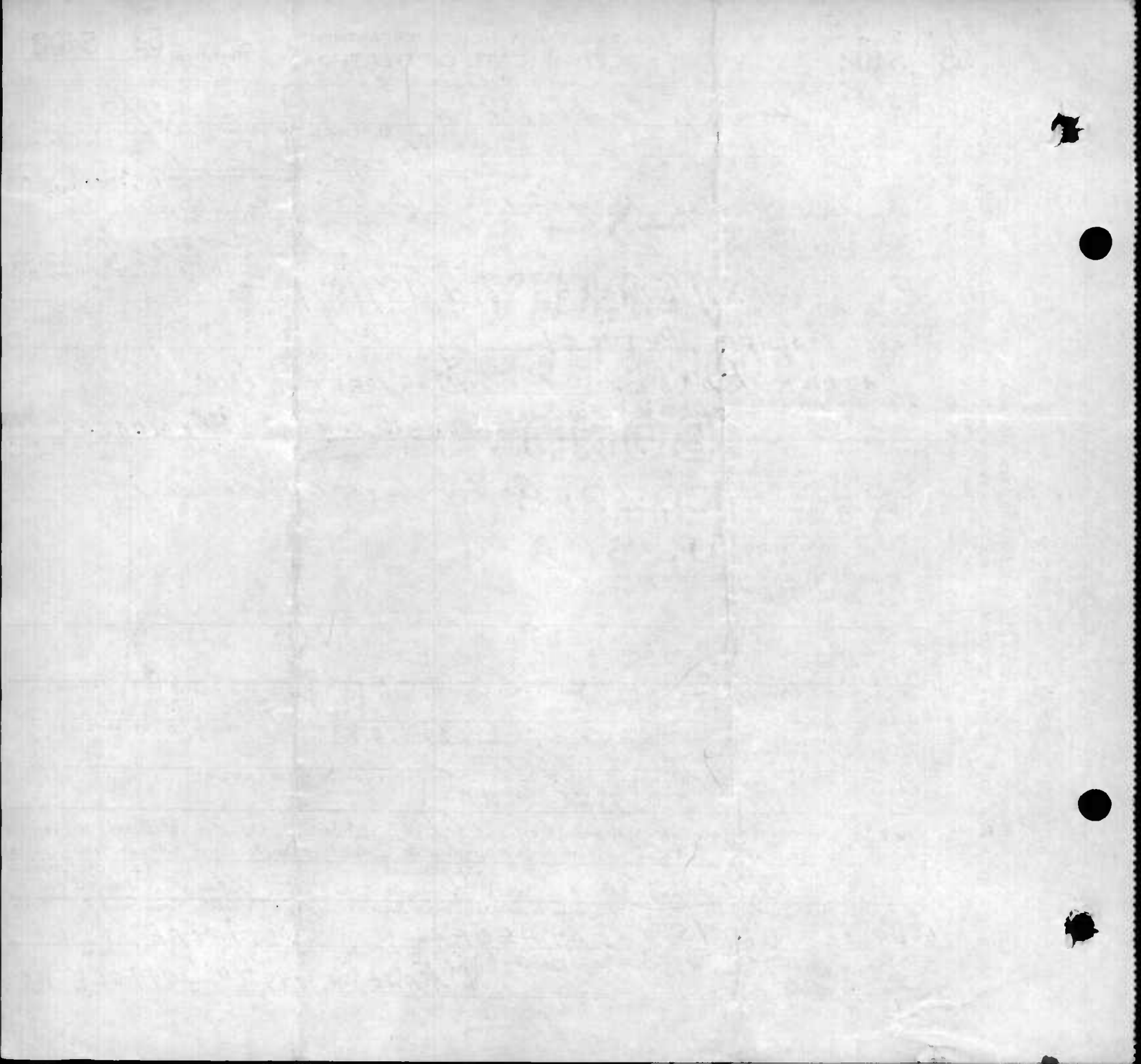
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 **H-650**
5402
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 5402**

1. NAME OF DECEASED (Type or Print) Harney, Margaret A.			2. DATE OF DEATH 6/8/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Maryland		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 16, 15-38		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3510 Pawhattan Ave		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 4/18/1877	9. AGE (In years last birthday) 76	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher			10B. KIND OF BUSINESS OR INDUSTRY Retired		
11. BIRTHPLACE (State or foreign country) Md.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME PATRICK HARNEY			14. MOTHER'S MAIDEN NAME MARGARET FINN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT M. L. HYMAN			ADDRESS 225 W. E. R. D. O. V. E. R. R. d.		
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebro-vascular accident DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., to or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6/7, 1953 to 6/8, 1953 that I last saw the deceased alive on 6/8, 1953 , and that death occurred at 5:45 am., from the causes and on the date stated above.					
23A. SIGNATURE L. W. E. G. J. S.			23B. ADDRESS University Hosp.		23C. DATE SIGNED 6/8/53
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 6/11/53		24C. NAME OF CEMETERY OR CREMATORY CATHEDRAL	
24D. LOCATION (City, town, or county) (State) BALTIMORE Md		25. FUNERAL DIRECTOR M. F. A. H. E. Y. & S. O. N. S.			
26. DATE RECEIVED BY LOCAL REGISTRAR 6/10/53		27. REGISTRAR'S SIGNATURE Harney, Margaret A.		28. ADDRESS 401 SUFFOLK Rd	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 5403**
53 5403

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William F. Yeagy

2. DATE OF DEATH **June 6, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Baltimore**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY **Anne Arundel**

B. FULL NAME OF HOSPITAL OR INSTITUTION **Woolverton Nursing Home** (If not in hospital or institution, give street address or location)

C. CITY OR TOWN **Severn** (If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Singler

8. DATE OF BIRTH

Jan. 10, 1868

9. AGE (In years last birthday)

85

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Plasterer (Retired)

10B. KIND OF BUSINESS OR INDUSTRY

unknown

11. BIRTHPLACE (State or foreign country)

Gettysburg, Pa.

12. CITIZEN OF WHAT COUNTRY?

yes

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

Yes

(If yes, give war or dates of service)
Spanish-American

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Veterans Administration

18. **442X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

**Arteriosclerotic Cardio-Vascular
Renal Disease.**

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5/15**, 19**53**, to **6/5**, 19**53** that I last saw the deceased alive on **6/5**, 19**53**, and that death occurred at **7:30 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE

James B. Blume

M. O.

23B. ADDRESS

1115 N. Calver St

23C. DATE SIGNED

6/8/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 11, 1953

24C. NAME OF CEMETERY OR CREMATORY

Evergreen Cemetery Gettysburg, Pa.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

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MARGIN RESERVED FOR BINDING

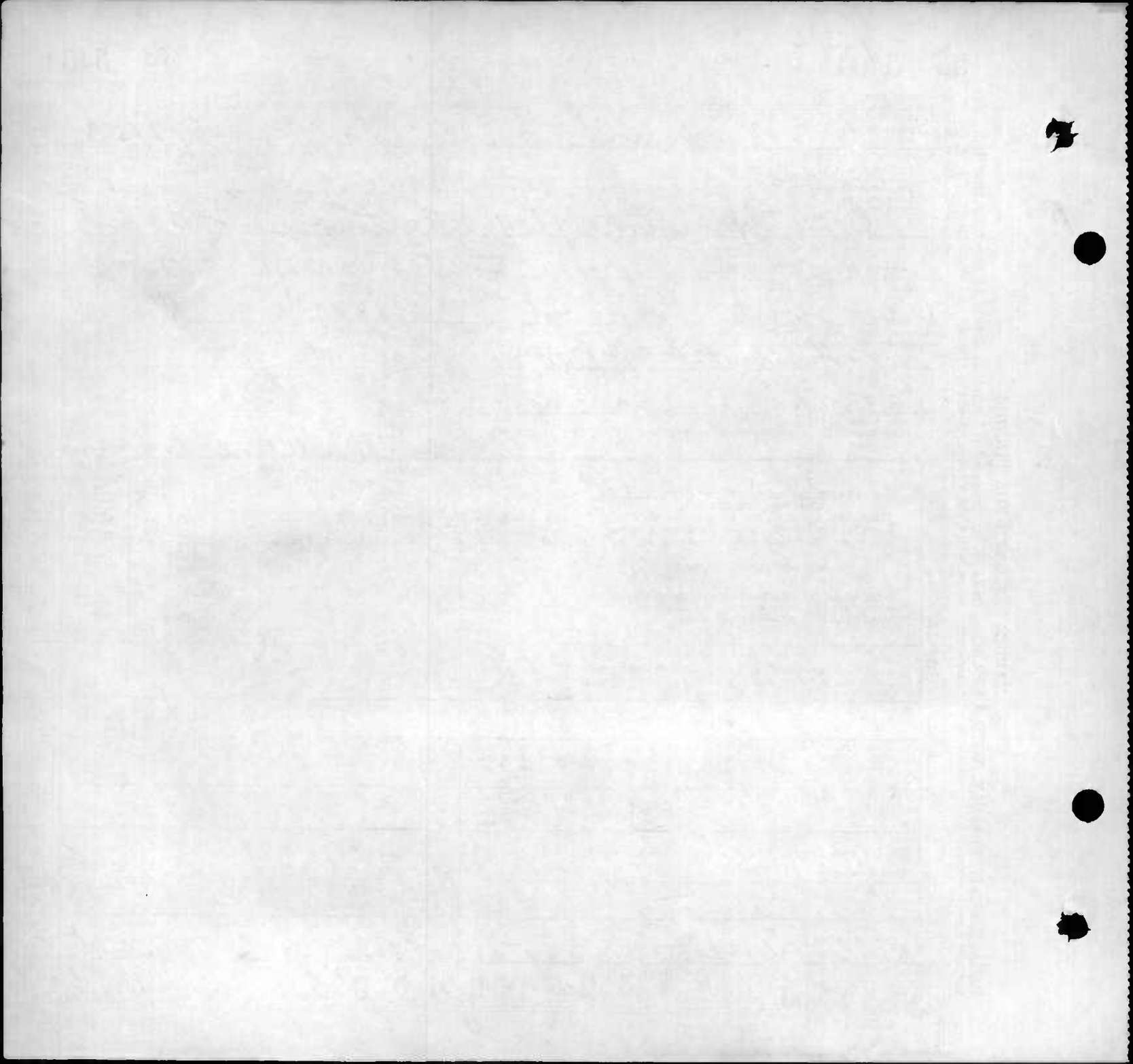
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 5404

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 5404
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Michael J. Ballanan</i>		2. DATE OF DEATH <i>6/9/53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i>		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>5305 Springlake Way</i>		C. CITY OR TOWN (If outside corporate limits, write R.U.M. and give township) <i>Baltimore</i>		D. STREET ADDRESS (If rural, give location) <i>5305 Springlake Way</i>	
c. Length of stay in Baltimore <i>40</i> Yrs. Mos. Days		5. SEX <i>Male</i>		6. COLOR OR RACE <i>white</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>9/18/1882</i>		9. AGE (in years last birthday) <i>70</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Vice President - Kevera Bros. Co.</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Copper</i>		11. BIRTHPLACE (State or foreign country) <i>Ireland</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. FATHER'S NAME <i>Patrick Ballanan</i>		14. MOTHER'S MAIDEN NAME <i>Belia Clarke</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>—</i>		16. SOCIAL SECURITY NO. <i>—</i>		17. INFORMANT <i>Mrs. Madeline A. Callanan</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Occlusion</i>		CAUSE OF DEATH (A) <i>Coronary Occlusion</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>	
ANTECEDENT CAUSES (B) <i>—</i> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) <i>—</i>		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>6-7</i> , 19 <i>53</i> , to <i>6-9</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>6-9</i> , 19 <i>53</i> , and that death occurred at <i>11 P</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>P. D. Lynn</i>		23B. ADDRESS <i>11 E. Chase St</i>		23C. DATE SIGNED <i>6-10-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>6/12/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>4300 Old Breckneck Rd.</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, Mrs. J. O. G. Cowan & Son</i>		ADDRESS <i>401 S. St.</i>	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F652

53 5405

MARYLAND STATE DEPARTMENT OF HEALTH

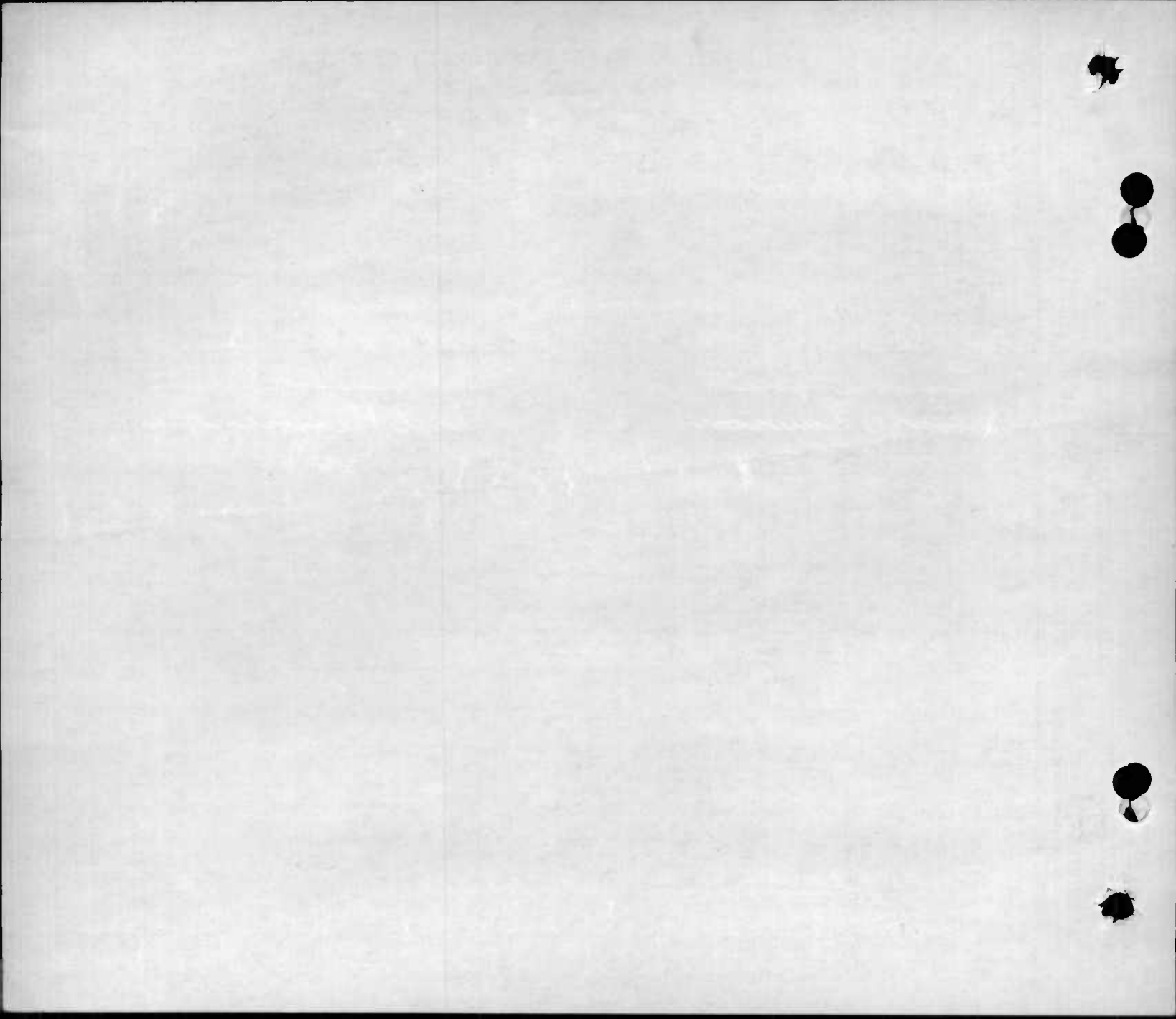
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

53 5405
Reg. Dist. No.

1. PLACE OF DEATH - COUNTY <u>2318 E. Baltimore St</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>Baltimore</u> COUNTY <u>V-04</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Balto</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Baltimore</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>—</u>		STREET ADDRESS (If rural, give location) <u>1839 40th Ave Oakland, Md.</u>	
3. NAME OF DECEASED (First) <u>Opal</u> (Middle) <u>Claudia</u> (Last) <u>Frank</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>9</u> (Year) <u>1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>James 1898</u> 53 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telephone Operator</u>		11. BIRTHPLACE (State or foreign country) <u>Weston, W. Va. Ill.</u>	
13. FATHER'S NAME <u>George Lawson</u>		14. MOTHER'S MAIDEN NAME <u>Albert Henninger</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>mailed Baltimore 2318 E. Baltimore St.</u>	
17. INFORMANT AND ADDRESS			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
(a) Immediate cause <u>Cardiac arrhythmia</u>			<u>2 days</u>
(b) Antecedent cause(s) <u>acute cardiac dilatation</u>			<u>10 mins.</u>
(c) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			
19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office hldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>June 8</u> , 19 <u>53</u> , to <u>June 9</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>June 9</u> , 19 <u>53</u> , and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above.			
SIGNATURE <u>Charles B. MacMunn M.D.</u>		ADDRESS <u>2900 E. Baltimore St.</u> DATE SIGNED <u>June 9, 1953</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Interment June 11, 1953, Greenmount</u>		NAME OF CEMETERY OR CREMATORY <u>Oakview Greenmount</u> LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>JUN 10 1953</u>		24. FUNERAL DIRECTOR <u>Leo L. Cook</u> ADDRESS <u>1703 W. Patterson Park Ave</u>	

37099



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 5406
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Duff, Annie Elizabeth

2. DATE
OF
DEATH

June 9, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4225 Seidel Avenue

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov-6th 1889

9. AGE (In years last birthday)

63

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Mc Sienna

14. MOTHER'S MAIDEN NAME

Annie Wigan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

John Duff 4225 Seidel Ave

18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cerebral thrombosis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Arteriosclerosis, generalized**

DUE TO

(C) **Hypertensive cardiovascular disease**

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 9**, 19**53**, to **June 9**, 19**53** that I last saw the deceased alive on **June 9**, 19**53** and that death occurred at **12:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

R. P. B. nelli

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

June 9, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1944

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

1944

NAME (Last, first, middle) _____

DATE OF BIRTH (Month, day, year) _____

PLACE OF BIRTH (City, county, state) _____

DATE OF DEATH (Month, day, year) _____

PLACE OF DEATH (City, county, state) _____

CAUSE OF DEATH (Specify) _____

DATE OF INTERVIEW (Month, day, year) _____

NAME OF INTERVIEWER _____

NAME OF WITNESS _____

NAME OF REGISTRAR _____

NAME OF CLERK _____

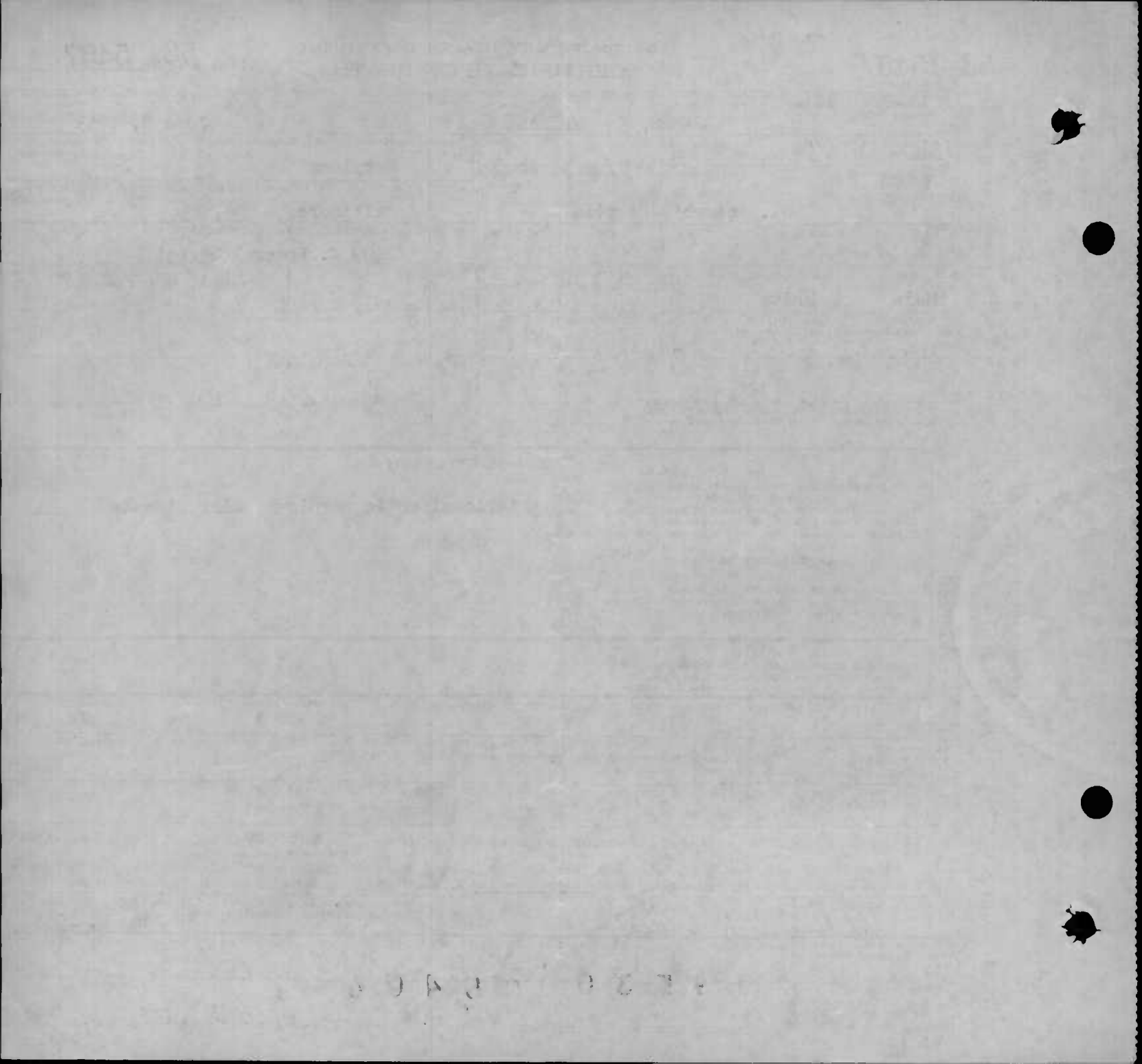
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5407
The correct age is especially important. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 5407
Registered No.

1. NAME OF DECEASED (Type or Print) JAMES, J., WEINAL			2. DATE OF DEATH June 8, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2409 E. Federal Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 14th, 1898	9. AGE (in years last birthday) 60	H Under 1 Year Months: Days: H Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machineist, Edgewood Arsenal			10B. KIND OF BUSINESS OR INDUSTRY		
11. FATHER'S NAME Joseph Weinal			12. CITIZEN OF WHAT COUNTRY?		
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			14. MOTHER'S MAIDEN NAME Josephine Bosayek		
15. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William J. Smith		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR M.D. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		23C. DATE SIGNED June 9, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)		
Burial June 13th 1953	Balto National	Fredrick Road			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS Leo Kulback 1703 N. Patterson Ave	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

53 5408 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 5408	
1. NAME OF DECEASED (Type or Print) JOSEPH W. TITELMAN			2. DATE OF DEATH June 9, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Overlea		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 7001 Linden Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 18, 1922	9. AGE (in years last birthday) 31	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Substitute Mail Carrier U. S. Gov't.			11. BIRTHPLACE (State or foreign country) Penna.		
13. FATHER'S NAME Geo. Jacob Titelman			14. MOTHER'S MAIDEN NAME Freda Schnell		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Theresa Titelman-7001 Linden Ave.			ADDRESS Overlea		
18. E824.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Crushing injury of chest			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Fractures of neck, pelvis					
(C) Avulsion of perineum and left thigh					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) road	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 2801 Falls Road			
21D. TIME (Month) (Day) (Year) (Hour) June 9, 1953 12:30 P.	21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? Driving mail truck, lost control; thrown from truck & run over by it			
22. I certify that I took charge of the remains described above, held an inspection & inquiry over by it the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William J. Lichten</i>		23B. CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR		23C. DATE SIGNED June 9, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/13/53	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.		24D. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR June 10	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	FUNERAL DIRECTOR <i>J. Lichten</i>		ADDRESS Balto 17, Md.	

Handwritten text at the bottom left corner:
1911.11.11
C. G. H. H. H.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLARA RILEY SHAFFER

2. DATE
OF
DEATH

June 9, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

2842 St. Paul St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

2842 St. Paul St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Mar. 25, 1888

9. AGE (in years last birthday)

65

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Riley

14. MOTHER'S MAIDEN NAME

Emma Johns

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

no

17. INFORMANT ADDRESS
Miss Emma L. Riley - 2842 St. Paul St.

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma of breast

3 yrs.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

Hypertension

10 yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1946 to June 9, 1953, that I last saw the deceased alive on June 9, 1953, and that death occurred at 5:20 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Hester J Van Lill

M. D.

23B. ADDRESS

2843 St Paul St

23C. DATE SIGNED

6-10-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/12/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

H. A. M. S. Lickner & Sons

ADDRESS

Baltimore, Md.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

55 540
1912

ALFRED P. BAKER

John P. Baker, Jr.

John P. Baker, Jr.

John P. Baker, Jr.

John P. Baker, Jr.

John P. Baker, Jr.

John P. Baker, Jr.

John P. Baker, Jr.

John P. Baker, Jr.

John P. Baker, Jr.

John P. Baker, Jr.

John P. Baker, Jr.

John P. Baker, Jr.

John P. Baker, Jr.

John P. Baker, Jr.

John P. Baker, Jr.

John P. Baker, Jr.

John P. Baker, Jr.

John P. Baker, Jr.

John P. Baker, Jr.

John P. Baker, Jr.

55 540

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-455		BALTIMORE CITY HEALTH DEPARTMENT		53 5410	
53 5410		CERTIFICATE OF DEATH		Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Mr. Gustave A. Hollman		June 10, 1953	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
A. Baltimore City, Maryland		A. STATE Maryland		B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
2104 W oodbourne Avenue		Baltimore		27-06	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
		2104 W oodbourne Avenue			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months Days
male	white	widowed	Oct. 24, 1866	86	11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
Retired Tailor			Baltimore, Maryland		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Theodore Hollman		Ernestine ?			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		
(If yes, give war or dates of service)			Mrs. Mercedes J. Lynch, 2104 Woodbourne		
18. 443X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Pulmonary Edema		5 days	
ANTECEDENT CAUSES		(B) Cardio-Vascular Hypertensive Disease		10 years	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Arteriosclerosis		10 years	
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 1942, to June 1953, that I last saw the deceased alive on June 9, 1953, and that death occurred at 6:05 A. M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Michael J. Dausch		4636 Belair Road		6-10-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)		
Burial	June 13, 1953	Moreland Memorail Park	Baltimore, Maryland		
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR		ADDRESS	
		Leonard J. Ruck, 5305 Harford Road # 14			

Dr. Dausch
4636 Belair Road

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 5411
Registered No. 53 5411

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK W. MITCHELL

2. DATE
OF
DEATH

6/9/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BALTIMORE

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

3208 White Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

BALTIMORE

D. STREET ADDRESS (If rural, give location)

3208 WHITE AVE

c. Length of stay in Baltimore

90 Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept-16-1863

9. AGE (In years
last birthday)

89

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Hardware

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Mitchell

14. MOTHER'S MAIDEN NAME

Margaret Moore

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. ALBERT G. KRUMM SAME

18. 420.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ARTERIO SCLEROTIC
HEART DISEASE

INTERVAL BETWEEN
ONSET AND DEATH

YRS.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

NONE

21E. INJURY OCCURRED

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, to 6/9/53, 19, that I last saw the
deceased alive on 6/8/53, 19, and that death occurred at 5:15 P. M., from the causes and on the date stated above.

23A. SIGNATURE

W. Barlow

23B. ADDRESS

4331 Harbor Rd

23C. DATE SIGNED

6/9/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 13-1953

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery Baltimore

24D. LOCATION (City, town, or county)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Leonard J. Ruok

ADDRESS

5305 Harbor Rd

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct date is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 5412**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

M.L. SARAH RAYMOND

2. DATE
OF
DEATH

9 JUNE 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

FRANKLIN SQUARE HOSP

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

4004 Ridgectoft Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

19 Jan. 1895

9. AGE (In years last birthday)

58

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NURSE KEEPER

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

PHILADELPHIA

12. CITIZEN OF WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

HENRY MUMMERT

14. MOTHER'S MAIDEN NAME

HENRIETTA JONES

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JESSIE Raymond SAME

18. **420.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

Nov. '52 to June 7 '53

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **MAY 23, 1953**, to **JUNE 9, 1953**, that I last saw the deceased alive on **JUNE 9, 1953**, and that death occurred at **12:10 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Chas. A. ...

M. D.

23B. ADDRESS

FRANKLIN SQUARE HOSP.

23C. DATE SIGNED

June 9, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

June 12-1953

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem

24D. LOCATION (City, town, or county)

BALTO

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. ...

25. FUNERAL DIRECTOR

Lemuel J. Luck

ADDRESS

5305 Harford

STATE OF TEXAS
COUNTY OF DALLAS

Know all men by these presents, that

_____ of the County of _____ State of _____

do hereby certify that _____

is the owner of _____

and that _____

is the owner of _____

and that _____

is the owner of _____

and that _____

is the owner of _____

and that _____

is the owner of _____

and that _____

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5413
Registered No.

BIRTH NO. 48-02027

1. NAME OF DECEASED
(Type or Print)

Messina, Doris Aileen

2. DATE
OF
DEATH

June 9, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

1821 E. Belvedere Avenue

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

JAN 31-1948

9. AGE (In years
last birthday)

5

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

child

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John S. Messina

14. MOTHER'S MAIDEN NAME

Aileen H. Cullum

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. John S. Messina - SAME

18. 193X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Malignant brain tumor, base of brain

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 9, 1953 to June 9, 1953, that I last saw the deceased alive on June 9, 1953, and that death occurred at 3:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. M. Kraus

M. D.

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

June 9, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 12-1953

24C. NAME OF CEMETERY OR CREMATORY

Moreland Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Bernard J. Luck

ADDRESS

5305 Nayford

CERTIFICATE OF DEATH

SALUBRE CITY HEALTH DEPARTMENT

218-218

218



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 5414**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Jenkins

2. DATE
OF
DEATH

June 9, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1519 W. Vine St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

O. STREET ADDRESS (If rural, give location)

1519 W. Vine St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb. 17, 1895

9. AGE (In years last birthday)

58

10. Under 1 Year 11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph Jenkins

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

M's Dorothy Jenkihs 1519 W. Vine

18. **443X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Arterial Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive Cardio-vascular Disease

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Senility

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 3, 1953** to **June 9, 1953** that I last saw the deceased alive on **June 9, 1953**, and that death occurred at **7 a. m.**, from the causes and on the date stated above.

23A. SIGNATURE

Ralph W. McKelvey

23B. ADDRESS

410 N. 9th St

23C. DATE SIGNED

6/10/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6-13-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

Baltimore

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Frances C. Hensley Biddle

ADDRESS

VS 150

97099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

William J. ...

...

...

...

...

...

...

...

...

...

...

...

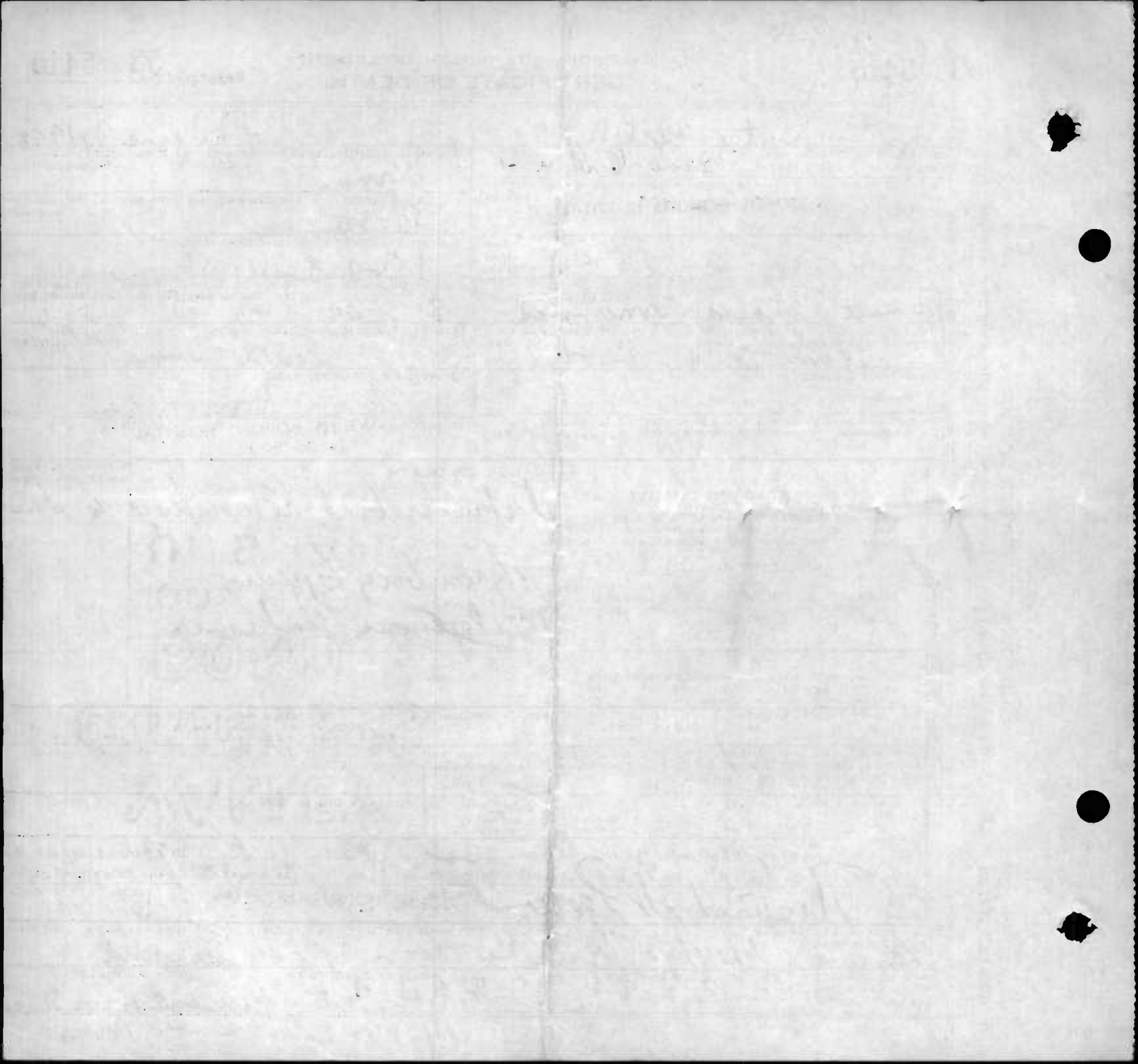
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-120
53 5415BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5415

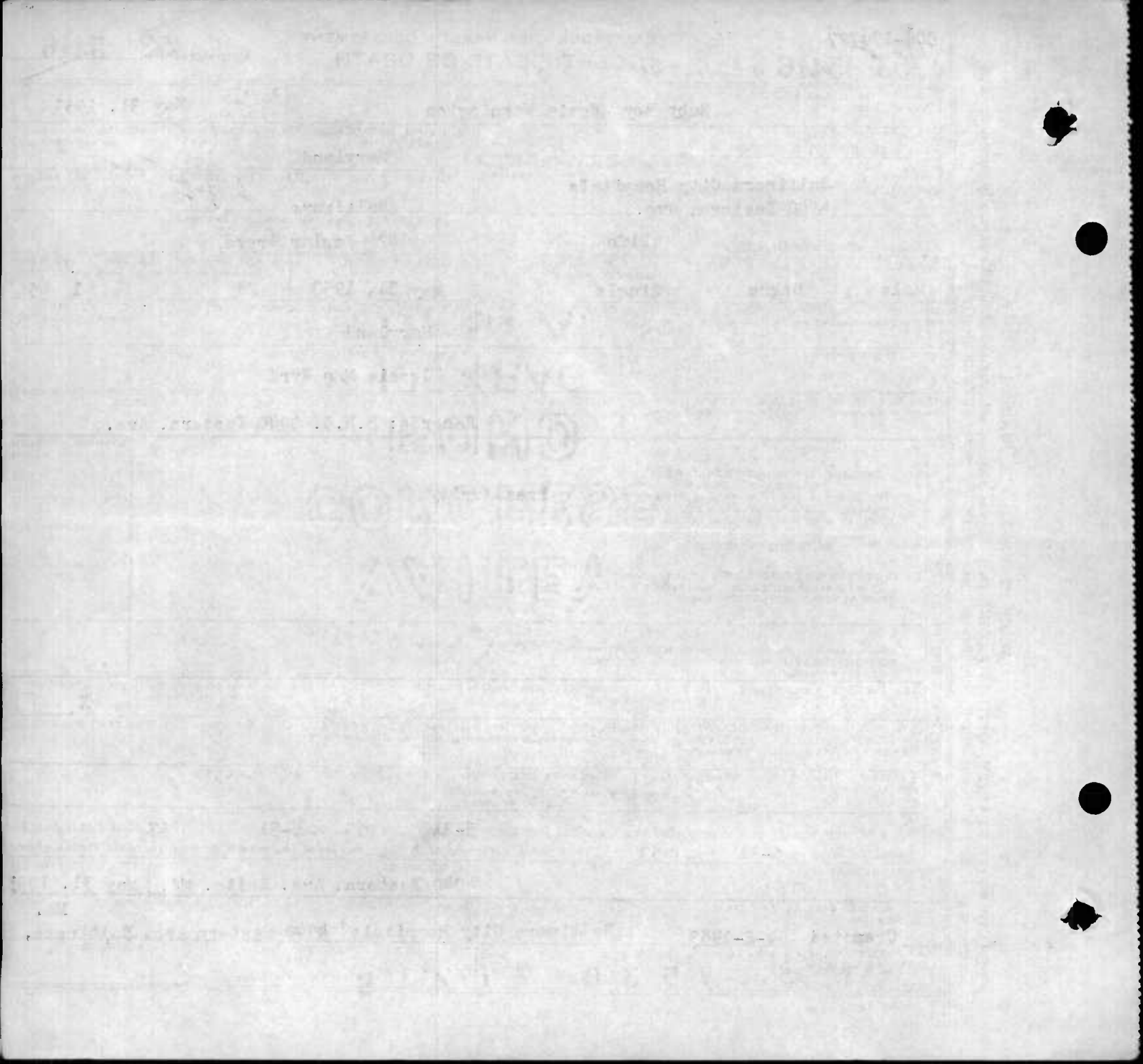
BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Kate Szilber</i>		2. DATE OF DEATH <i>June 9, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med. Dept 4</i>		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>md.</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
c. Length of stay in Baltimore <i>15 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>1549 Poslie St</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>married</i>	8. DATE OF BIRTH <i>8-3-09</i>	9. AGE (In years, last birthday) <i>43</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Cook</i>		11. BIRTHPLACE (State or foreign country) <i>South Carolina</i>	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME <i>Ann Hammond</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i> ADDRESS	
18. <i>204.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH <i>Intracerebral hemorrhage</i> <i>Thrombocytopenic</i> <i>myelogenous leukemia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 da</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6-6</i> , 19 <i>53</i> , to <i>6-9</i> , 19 <i>53</i> that I last saw the deceased alive on <i>6-9</i> , 19 <i>53</i> , and that death occurred at <i>10 P.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Richard W. Peeler</i> M. D.		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>6/14/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Mem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Arbutus md.</i>		25. FUNERAL DIRECTOR <i>Metropolitan Funeral Home Inc.</i> ADDRESS <i>720 FA 1949, Edmondson Ave.</i>			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Thurston Williams</i>		25. FUNERAL DIRECTOR ADDRESS	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				Registered No. 53 5416	
BIRTH NO. 5416 53-12034				CERTIFICATE OF DEATH	
1. NAME OF DECEASED (Type or Print) Baby Boy Jessie Washington			2. DATE OF DEATH May 31, 1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern, Ave.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			d. STREET ADDRESS (If rural, give location) 1424 Poplar Grove		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 31, 1953	9. AGE (In years last birthday) NB	10. Under 1 Year Months: Days 1 45
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME Jessie Mae Byrd		
15. WAS DECEASED EVER IN U. S. ARMY FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS Records: B.H.C. 4940 Eastern, Ave.,		
18. 776X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Prematurity DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)				INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 7		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-31 , 19 53 , to 5-31 , 19 53 , that I last saw the deceased alive on 5-31 , 19 53 , and that death occurred at 4 A m., from the causes and on the date stated above.					
23A. SIGNATURE <i>H. J. [Signature]</i>		23B. ADDRESS 4940 Eastern, Ave. Balto. Md.		23C. DATE SIGNED May 31, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremated		24B. DATE 6-2-1953		24C. NAME OF CEMETERY OR CREMATORY Baltimore City Hospitals	
24D. LOCATION (City, town, or county) 4940 Eastern Ave. Baltimore, Md.		25. FUNERAL DIRECTOR ADDRESS			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

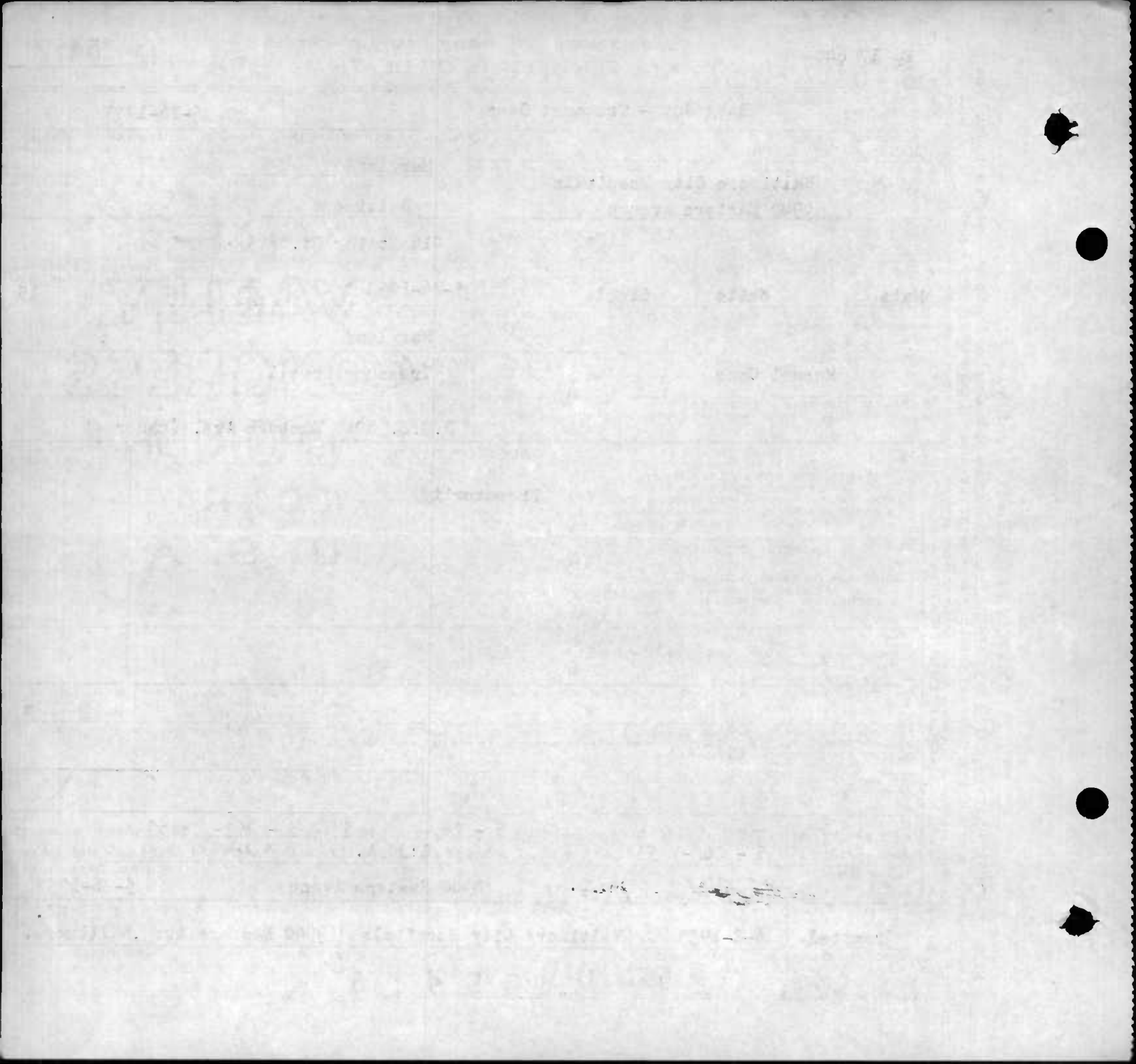
C-500
NJ 170640
53-11734
5417

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 5417**

1. NAME OF DECEASED (Type or Print) Baby Boy - Treasure Cano		2. DATE OF DEATH 5-26-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 910 Etting Ct. #25			
c. Length of stay in Baltimore life		Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 5-26-1953
9. AGE (In years last birthday) NB		If Under 1 Year Months Days If Under 24 Hours Hours Min. 15	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Manuel Cano		14. MOTHER'S MAIDEN NAME Treasure Howell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT B.C.H. 4940 Eastern Ave. (records)		ADDRESS	
18. 776x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity A. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. B. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH Prematurity C. INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION 0	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-26- , 19 53 to 5-26- , 19 53 , that I last saw the deceased alive on 5-26-1953 , and that death occurred at 1:30 A.m. , from the causes and on the date stated above.			
23A. SIGNATURE <i>H. J. [Signature]</i>		23B. ADDRESS 4940 Eastern Avenue	23C. DATE SIGNED 5-26-1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremated	24B. DATE 6-2-1953	24C. NAME OF CEMETERY OR CREMATORY Baltimore City Hospitals	24D. LOCATION (City, town, or county) 4940 Eastern Ave, Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR	ADDRESS 416

VS 150



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.				BALTIMORE CITY HEALTH DEPARTMENT				Registered No.			
E 1425				53 5418				53 5418			
1. NAME OF DECEASED (Type or Print)				2. DATE OF DEATH				3. PLACE OF DEATH:			
Baby Girl Ellison				May 20-1953				A. Baltimore City, Maryland			
B. FULL NAME OF (If not in hospital or institution, give street address or location)				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				D. STREET ADDRESS (If rural, give location)			
Harriet Lane Tre.				Baltimore				214 N. Stricker St			
c. Length of stay in Baltimore				E. SEX				F. COLOR OR RACE			
Yrs. Mos. Days				female				colored			
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)				8. DATE OF BIRTH				9. AGE (In years last birthday)			
				5-19-53				27			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTH PLACE (State or foreign country)			
								Md			
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME				12. CITIZEN OF WHAT COUNTRY?			
Daniel Ecton				Pearl							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.				17. INFORMANT ADDRESS			
								JOHNS HOPKINS HOSPITAL			
18. 774X				CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				(A) Prematurity & Hypertension				27 hrs			
ANTECEDENT CAUSES				(B) Membrane Disease				27 hrs			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				(C) Prematurity 1250 grams (History of twins)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.											
19a. DATE OF OPERATION				19b. CONDITION FOR WHICH OPERATION WAS PERFORMED				IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)				21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY				21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK				21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-19-1953 to 6-20-1953, that I last saw the deceased alive on 6-20-1953 and that death occurred at 7:40 m., from the causes and on the date stated above.											
23a. SIGNATURE				23b. ADDRESS				23c. DATE SIGNED			
Anthony P. Williams				JOHNS HOPKINS HOSPITAL				5/25/53			
24a. BURIAL, CREMATION, REMOVAL (Specify)				24b. DATE				24c. NAME OF CEMETERY OR CREMATORY			
								Rocky Mount			
DATE RECEIVED BY LOCAL REGISTRAR				REGISTRAR'S SIGNATURE				25. FUNERAL DIRECTOR ADDRESS			
				Huntington Williams, M.D.							

See query reply in Document File

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J-525		BALTIMORE CITY HEALTH DEPARTMENT		53 5419	
BIRTH NO. 53 5419		53-11577		CERTIFICATE OF DEATH	
1. NAME OF DECEASED (Type or Print) Baby "Florence" Jenkins			2. DATE OF DEATH MAY 24 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland JOHNS HOPKINS HOSPITAL			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md. B. COUNTY Howard		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Harriet Lane Home Pres			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Woodstock		
c. Length of stay in Baltimore Yrs. Mos. Days			O. STREET ADDRESS (If rural, give location) 6300 (42)		
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S.	8. DATE OF BIRTH 5-22-53	9. AGE (In years last birthday) 1 year 18	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George Jenkins			14. MOTHER'S MAIDEN NAME Florence		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL
18. 760.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) cerebral hemorrhage. DUE TO (B) ? Leptocemia DUE TO (C) Prematurity INTERVAL BETWEEN ONSET AND DEATH 42 hrs.		
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-22-1953 to 5-24-1953 that I last saw the deceased alive on 5-24-1953 and that death occurred at 4:30 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Anthony R. ...		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 5/25/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Harriet Lane		25. FUNERAL DIRECTOR ADDRESS	
VS 150 Hospital Disposal					

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-170936

M-536
53 5420

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 5420
Registered No.

BIRTH NO. <u>53-17889</u>		1. NAME OF DECEASED (Type or Print) Baby Girl Montier		2. DATE OF DEATH June 5-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 3401 Fairfield Ave.			
5. SEX F	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH June 5-1953	9. AGE (In years, last birthday) If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min. 2 15
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Westley Montier			
14. MOTHER'S MAIDEN NAME Maxine Harold		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMED BY Baltimore City Hospitals Records: 4940 Eastern Ave.			
18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-5 , 19 53 , to 6-5 , 19 53 , that I last saw the deceased alive on 6-5 , 19 53 , and that death occurred at 2.30AM , from the causes and on the date stated above.					
23A. SIGNATURE H. C. Johnson		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED June 5-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremated		24B. DATE 6-6-1953		24C. NAME OF CEMETERY OR CREMATORY Baltimore City Hospitals	
24D. LOCATION (City, town, or county) (State) 4940 Eastern Avenue		25. FUNERAL DIRECTOR Huntington Williams, M.D.			
DATE RECEIVED BY LOCAL REGISTRAR		ADDRESS			

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-620
FVJ 170888
BIRTH NO. 5421 53-12558

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 5421
Registered No.

1. NAME OF DECEASED (Type or Print) Baby Girl Jeanette Brooks			2. DATE OF DEATH June 3, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 819 West Fairmount Avenue #1		
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 6-3-1953		9. AGE (in years last birthday) Months Days 7
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Howard Frazer			14. MOTHER'S MAIDEN NAME Jeanette Brooks		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS B.C.H. 4940 Eastern Ave. (records)		
18. 776x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity (A) DUE TO ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION ✓		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-3- , 1953 to 6-3- , 1953, that I last saw the deceased alive on 6-3- , 1953, and that death occurred at 11:30 AM. , from the causes and on the date stated above.					
23A. SIGNATURE H. J. Palmer		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 6-3-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremated		24B. DATE 6-5-1953		24C. NAME OF CEMETERY OR CREMATORY Disposal	
24D. LOCATION (City, town, or county) (State) Baltimore City Hospitals		4940 Eastern Avenue			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Thurston		25. FUNERAL DIRECTOR ADDRESS 420	

VS 150

DECLARATION OF DEATH
STATE OF CALIFORNIA

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 5422****53 5422**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**BESSIE E. DAVIDSON**2. DATE
OF
DEATH **June 9, 1953**3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE **Maryland** B. COUNTY **Baltimore** before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION**St. Joseph's Hospital**C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Upper Falls

c. Length of stay in Baltimore

LifeO. STREET ADDRESS (If rural, give location)
5300

5. SEX

Female

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Married**

8. DATE OF BIRTH

Sept 14-18799. AGE (in years
last birthday)**73**If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**At Home**10B. KIND OF BUSINESS OR
INDUSTRY**own Home**

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?**U S C**

13. FATHER'S NAME

John Brandt

14. MOTHER'S MAIDEN NAME

Wood15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**No**16. SOCIAL
SECURITY NO.**216-10-13298**

17. INFORMANT

ADDRESS

Mr David Davidson. Bradshaw Rd18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Coronary Thrombosis**
DUE TO **Cardio-vascular heart disease.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **Generalized arteriosclerosis**
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
m. WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 9 th, 1953**, to **June 9 th, 1953** that I last saw the
deceased alive on **June 9, 1953**, and that death occurred at **9:20pm.**, from the causes and on the date stated above.

23A. SIGNATURE

R. Cassinelli

23B. ADDRESS

M. O. **1400 N. Caroline Street - 13**

23C. DATE SIGNED

June 9, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

6/12/53

24C. NAME OF CEMETERY OR CREMATORY

Salem Meth Cem

24D. LOCATION (City, town, or county)

Balto mdDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Lassahn Funeral Home 7401 Belair Rd

MINISTRE DES REVENUS
CERTIFICATE OF DEATH

Form with multiple lines for text entry, including fields for name, date, and other details. The text is faint and mostly illegible due to the quality of the scan.

RECEIVED BY THE DEPARTMENT

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

FJ 10/26 623
53 5423
 BIRTH NO. **53-11807**

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 5423**

1. NAME OF DECEASED (Type or Print) Baby Boy - Wright		2. DATE OF DEATH 5-29-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2227 Druid Hill Avenue #17	
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 5-29-1953
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) NB H Under 1 Year Months Days H Under 24 Hours Hours Min. 2 1/2
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Harold Wright		14. MOTHER'S MAIDEN NAME Shirley Adams	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS B. C. H. 4940 Eastern Ave. (records)	

18. 776X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 0	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 5-29 , 19 53 to 5-29 , 19 53 that I last saw the deceased alive on 5-29 , 19 53 , and that death occurred at 5 A m., from the causes and on the date stated above.		
23A. SIGNATURE H. J. [Signature]	23B. ADDRESS 4940 Eastern Avenue	23C. DATE SIGNED 5-29-1953
24A. BURIAL, CREMATION, REMOVAL (Specify) cremated	24B. DATE 6-1-1953	24C. NAME OF CEMETERY OR CREMATORY Baltimore City Hospitals
24D. LOCATION (City, town, or county) (State) 4940 Eastern Ave.		
DATE RECEIVED BY LOCAL REGISTRAR JUN 11 1953	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR 422

VS 150

2 1/2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-320
53 5424VS 153
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5424

1. NAME OF DECEASED (Type or Print)			MARGEURITE MATTHEWS			2. DATE OF DEATH June 8, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY					
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore					
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 565 Orchard Street					
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (in years last birthday) 65		10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md			12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		(If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS		
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) DUE TO					
(C)								
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?				
22. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .								
23A. SIGNATURE William W. Williams				23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR		23C. DATE SIGNED June 9, 1953		
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 6/12/53		24C. NAME OF CEMETERY OR CREMATORY Mt Auburn		24D. LOCATION (City, town, or county) (State) Baltimore Md		
DATE RECEIVED BY LOCAL REGISTRAR JUN 11 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR C. Hartman		ADDRESS 985 N. Ave		

1948-49

UNITED STATES DEPARTMENT OF AGRICULTURE
OFFICE OF THE SECRETARY

1948-49

1948-49

1948-49

1948-49



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 5425

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5425
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Mary M. Watson

2. DATE
OF
DEATH

June 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3009 Pelham Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3009 Pelham Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Nov. 9, 1885

9. AGE (In years
last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Hennegan

14. MOTHER'S MAIDEN NAME

Bertha ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Dorothy Hasenkamp, 3009 Pelham Avenue

18.

422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1948 to June 10, 1953 that I last saw the
deceased alive on June 9, 1953 and that death occurred at 4:15 p.m. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

June 13, 1953

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

GENERAL DIRECTOR

ADDRESS

VS 150

Leonard J. Ruck, 5305 Harford Road, #14

Dr. Stevens
Erdman & Mannasota

4 P.M.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-460 53 5426 51-13801				BALTIMORE CITY HEALTH DEPARTMENT		Registered No. 53 5426	
BIRTH NO.				CERTIFICATE OF DEATH			
1. NAME OF DECEASED (Type or Print)				DEBORAH BOWLER		2. DATE OF DEATH June 9, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital				C. CITY OR TOWN (If outside corporate limits, write FULL and give township) Baltimore			
C. Length of stay in Baltimore life Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 1019 N. Calhoun Street			
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 6/22/50	9. AGE (In years last birthday) 2	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child				10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Balto. Md.	
12. CITIZEN OF WHAT COUNTRY? USA				13. FATHER'S NAME Kenneth Bowler			
14. MOTHER'S MAIDEN NAME Idella Clifford				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			
16. SOCIAL SECURITY NO. none				17. INFORMANT ADDRESS Idella Bowler 1019 N. Calhoun St.			
18. E 885.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Lead encephalopathy ANTecedent CAUSES Lead poisoning DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				CAUSE OF DEATH (A) Lead encephalopathy DUE TO (B) Lead poisoning DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1019 N. Calhoun Street		16/02	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 5/25/53 - 6/9/53		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Ate paint on windowsills			
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
23A. SIGNATURE William V. Kelson				23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED June 10, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/13/53		24C. NAME OF CEMETERY OR CREMATORY Arbutus		24D. LOCATION (City, town, or county) (State) Arbutus Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Geo. G. Kelson 1303 Presstman St.		ADDRESS Geo. G. Kelson	
VS 151 N966.0							

1938

1938

RECEIVED BY THE NATIONAL BUREAU OF INVESTIGATION
FEDERAL BUREAU OF INVESTIGATION
DEPARTMENT OF JUSTICE

1938

1938

TO: SAC, NEW YORK
FROM: SAC, NEW YORK
SUBJECT: [Illegible]
RE: [Illegible]
[Illegible text follows in several paragraphs, mostly mirrored bleed-through from the reverse side of the page.]

[Illegible text at bottom left, possibly a stamp or signature area.]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L-200

FVJ 169476

BIRTH NO.

52-24621

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 5427

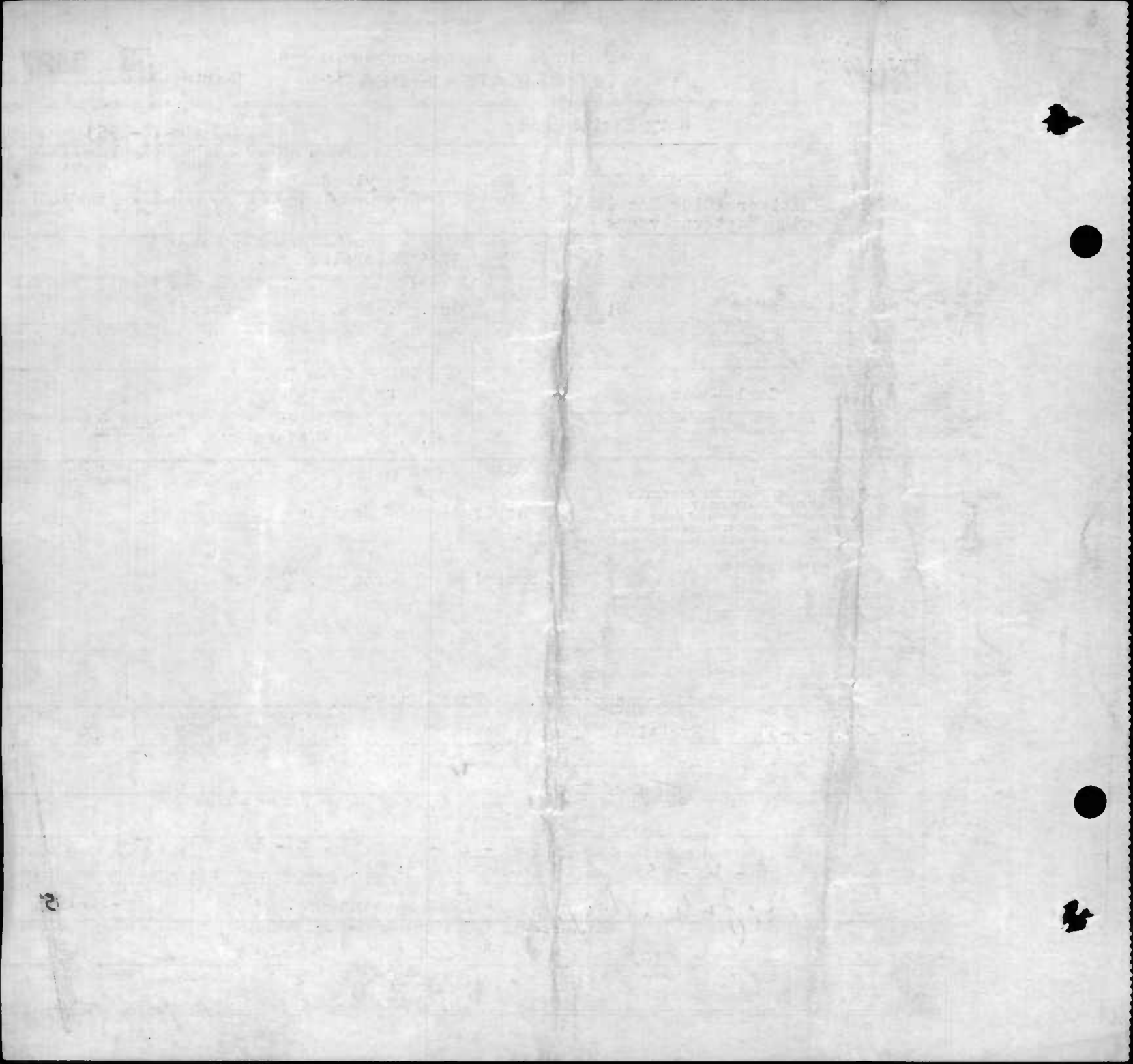
1. NAME OF DECEASED (Type or Print) Mary Regina Lewis		2. DATE OF DEATH 6-10-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 3725 Ellerslie Ave. #18	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 8, 1952
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Infant		10B. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In year, last birthday) 6 mos.
13. FATHER'S NAME Carl Lewis		14. MOTHER'S MAIDEN NAME Mary Hampstead	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT B.C.H. 4940 Eastern Ave. (records)		ADDRESS	

18. 239x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Aspiration of Vomitus DUE TO Excision of Teratoma, Thyroid		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Bronchoscopy, Tracheostomy		
19A. DATE OF OPERATION 4-30-53, 6-5-53	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Excision Teratoma Thyroid	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4-12-1953**, to **6-10-1953**, that I last saw the deceased alive on **6-10-1953**, and that death occurred at **5:30A** m., from the causes and on the date stated above.

23A. SIGNATURE H. J. [Signature]		23B. ADDRESS 4940 Eastern Ave.	23C. DATE SIGNED 6-10-1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 12, 1953	24C. NAME OF CEMETERY OR CREMATORY St. Peters	24D. LOCATION (City, town, or county) (State) Baltimore Md.
DATE RECEIVED BY LOCAL REGISTRAR Jun 11		25. FUNERAL DIRECTOR Funeral Home	



R-510
53 5428BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5428

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MINNIE RUMPF		2. DATE OF DEATH June 8, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1118 E. Lanvale St.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1118 E. Lanvale St.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 28, 1884
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years, last birthday) 68
13. FATHER'S NAME John P. Rumpf		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No.		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO. None		14. MOTHER'S MAIDEN NAME A. Amelia Yeager	
17. INFORMANT Mrs. Joseph Cilento		ADDRESS 2806 Halcyon Ave.	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Myocardial Insufficiency DUE TO (B) Arteriosclerotic Cardio-vascular Disease DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 2 days	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1950 , 19__, to June , 19 53 , that I last saw the deceased alive on June 8, 1953 , and that death occurred at 11:15 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE Lois M. Zimmerman		23B. ADDRESS 2858 Harford Rd		23C. DATE SIGNED June 10, 53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 11, 1953		24C. NAME OF CEMETERY OR CREMATORY Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR JUN 11 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Ulrich Funeral Home	
				ADDRESS 2008 Orleans St.	

8547 80

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1914

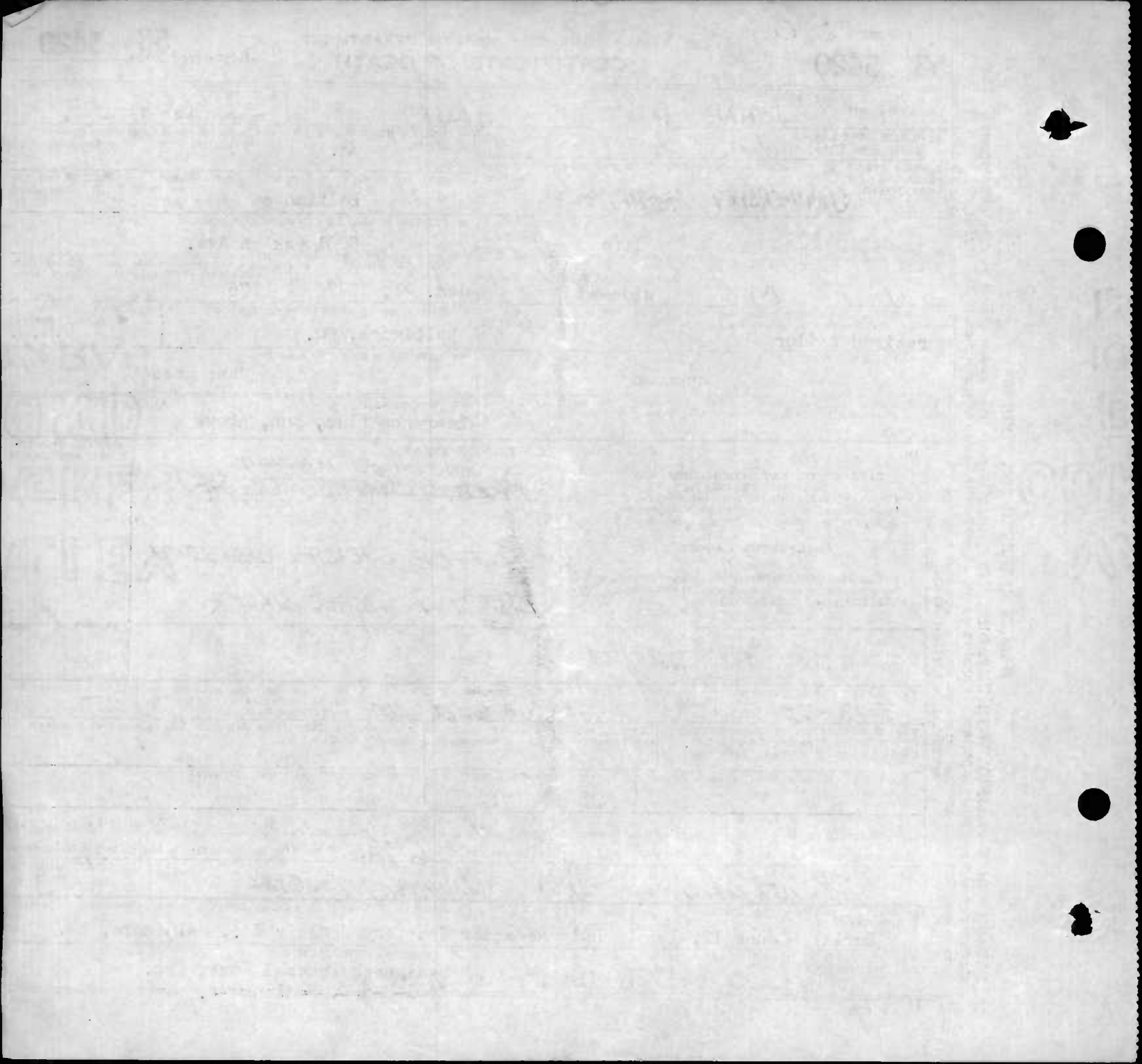
PLANT INDUSTRY
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

PLANT INDUSTRY
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

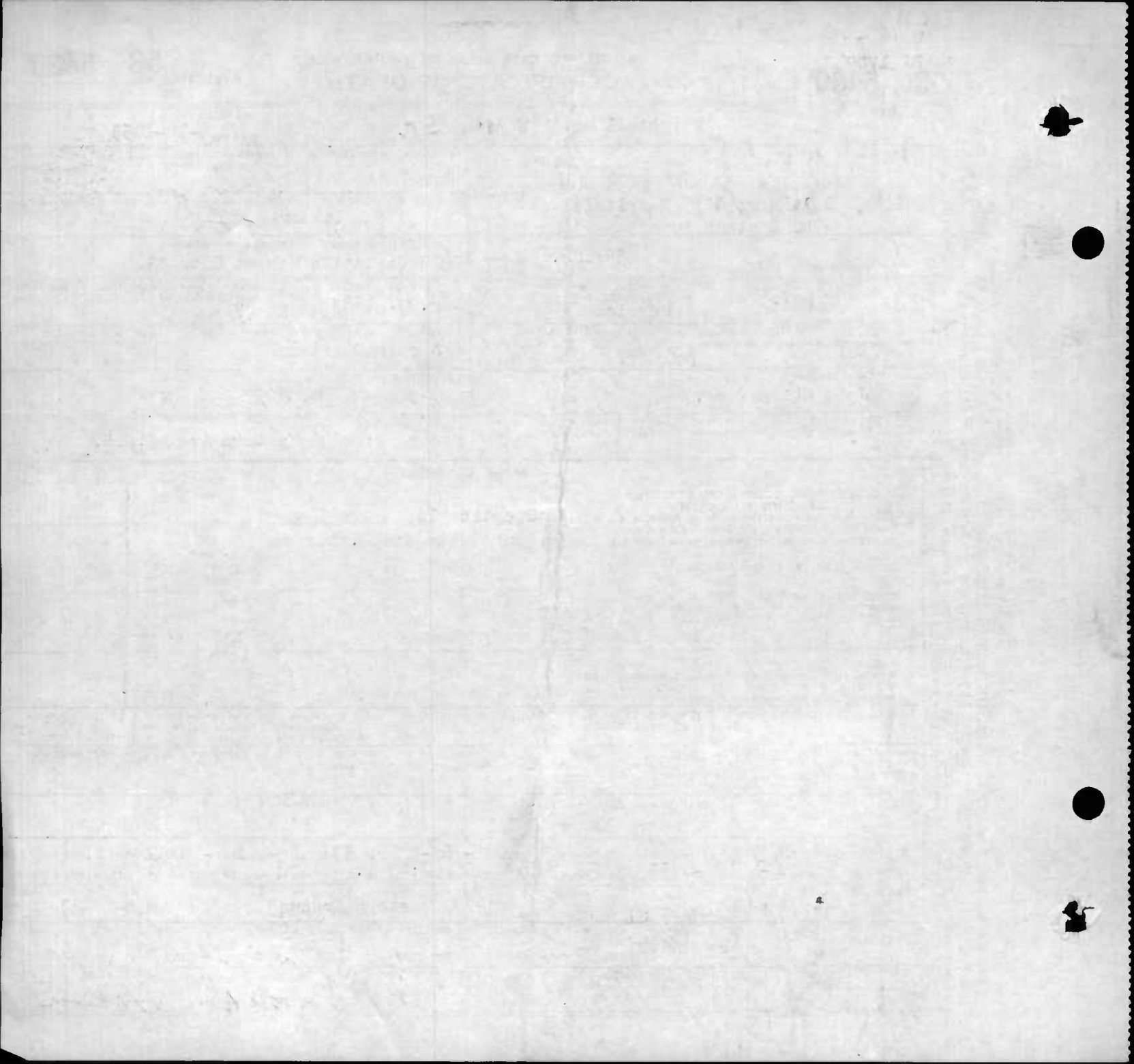
B-450 53 5429 BIRTH NO.				BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 5429	
1. NAME OF DECEASED (Type or Print) JOHN P				2. DATE OF DEATH 6-9-53			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) UNIVERSITY HOSPITAL				C. CITY OR TOWN (If outside corporate limits, write FULL NAME and give township) Baltimore			
C. Length of stay in Baltimore life				O. STREET ADDRESS (If rural, give location) 5001 Oaklyn Ave.			
5. SEX W	6. COLOR OR RACE M	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Jan. 21, 1877		9. AGE (In years last birthday) 76	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired tailor				10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME unknown				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Jane Reese	
17. INFORMANT Lawrence Blum, son, above				ADDRESS			
18. 540.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH GENERALIZED PERITONITIS BLEEDING GASTRIC ULCER				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. POST-OP. SUBTOTAL GASTRECTOMY BLEEDING GASTRIC ULCER							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 5-13-53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED BLEEDING GASTRIC ULCER		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6-1 , 19 53 , to 6-9- , 19 53 , that I last saw the deceased alive on 6-8 , 19 53 , and that death occurred at 6:30 A. M., from the causes and on the date stated above.							
23A. SIGNATURE John W. Looker Jr. M.D.				23B. ADDRESS UNIVERSITY HOSPITAL		23C. DATE SIGNED 6-9-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 12, 1953		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery		24D. LOCATION (City, town, or county) (State) Belair Rd., Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Wilmington, Delaware, M.D.		25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc.		ADDRESS 2401 E. Madison St.	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-300 FJ 170982 53 5430 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 5430	
1. NAME OF DECEASED (Type or Print) Weightell W hite Sr.			2. DATE OF DEATH 6-10-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 55 Yrs.			D. STREET ADDRESS (If rural, give location) 2023 Christian Street City 23		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 4 1885	9. AGE (In years last birthday) 67	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Chef		10B. KIND OF BUSINESS OR INDUSTRY Valley View Inn		11. BIRTHPLACE (State or foreign country) S outh Carolina	
13. FATHER'S NAME John White (dec.)			12. CITIZEN OF WHAT COUNTRY? U S A		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Records : 4940 Eastern Ave. B.C.H.			ADDRESS		
18. 053.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) S epticemia DUE TO Hamolytic Staph. Aureus			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6 - 6 - 1953 to 6 - 10 - 1953, that I last saw the deceased alive on 6 - 10 - 1953, and that death occurred at 7:45 A.m., from the causes and on the date stated above.					
23A. SIGNATURE H. J. Gowan			23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 6-10-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/13/53		24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.	
24D. LOCATION (City, town, or county) Baltimore		24E. STATE Md.		24F. LOCATION (City, town, or county) 2930 Frederick Ave	
DATE RECEIVED BY LOCAL REGISTRAR JUN 11 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR John J. Gowan	
VS 150		754 6M		ADDRESS Hollins	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 5431BIRTH NO. 53 54311. NAME OF DECEASED
(Type or Print)YETTA BASS2. DATE
OF
DEATH6-11-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION6010 Clover Road

C. CITY OR TOWN (If outside corporate limits, write BORAN and give

township)

D. STREET ADDRESS (If rural, give location)

6010 Clover Road

c. Length of stay in Baltimore

45

Yrs.

Moes

Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years

last birthday)

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 204.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1951, to 6-11, 1953 that I last saw the
deceased alive on 6/11, 1953, and that death occurred at 4:47 m., from the causes and on the date stated above.

23A. SIGNATURE

Met B. King

M. D.

23B. ADDRESS

2320 Eutanol

23C. DATE SIGNED

6/15/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6/11/53

24C. NAME OF CEMETERY OR CREMATORY

Acacia Bur

24D. LOCATION (City, town, or county)

Galb. Rd.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Jack Lewis

ADDRESS

2100 Eutan

Kirsch
Jool Garrison Jwa
Moh 5062

6100

LP

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 5432
Registered No. 53 5432

B-260
53 5432

1. NAME OF DECEASED (Type or Print) JOHN A. J. BISKER			2. DATE OF DEATH JUNE 9, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE MD. B. COUNTY 9-07		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1553 MONT PELIER ST.			C. CITY OR TOWN (If outside corporate limits, give R.U.R. and give township) BALTIMORE		
c. Length of stay in Baltimore 60 - Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1553 MONT PELIER ST		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB. 29, 1872	9. AGE (In years last birthday) 81	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-MAINTENANCE-MAN		10B. KIND OF BUSINESS OR INDUSTRY PA. RR. CO	11. BIRTHPLACE (State or foreign country) SHREWSBURY, PA.		12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME ANDREW BISKER			14. MOTHER'S MAIDEN NAME GENE VIEUE MILLER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT ADDRESS FAMILY - SAME		
18. 332X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from J May 1953 to June 9, 1953 , that I last saw the deceased alive on June 8, 1953 , and that death occurred at 10:15 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE William H. Fustling		23B. ADDRESS M. D. 4230 Lark Raven Blvd		23C. DATE SIGNED 6-11-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 6-13-1953	24C. NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL	24D. LOCATION (City, town, or county) (State) BALTO. MD.		
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR ADDRESS Walter Conklin 2343 HARFORD ROAD			

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 5433****R-356**
53 5433

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Rittmyer

2. DATE
OF
DEATH

6-9 1957

3. PLACE OF DEATH:

A. Baltimore City, Maryland Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Balto B. COUNTY Md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1504 Desota Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

I504 Desota Rd

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan 14 -1876

9. AGE (In years last birthday)

77

If Under 1 Year Months Days Hours Min.

4

25

?

?

?

?

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Cemetry

11. BIRTHPLACE (State or foreign country)

Balto Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Rittmyer

14. MOTHER'S MAIDEN NAME

Lorotha -

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs John Rittmyer I504 Desota Rd

18. 332X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

CAUSE OF DEATH

Cerebral Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Cerebral Atherosclerosis

5 years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Generalized Atherosclerosis

5 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/2, 1957, to 6/9, 1957, that I last saw the deceased alive on 6/9, 1957, and that death occurred at 3:00 m., from the causes and on the date stated above.

23A. SIGNATURE

Paul Schfield

23B. ADDRESS

2301 Empress Rd

23C. DATE SIGNED

6/11/57

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

June 12 - 57

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Whitehead, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Edward Toulson 2359 Wash Blvd Balto Md

Edward Toulson



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H 314
53 5434BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5434

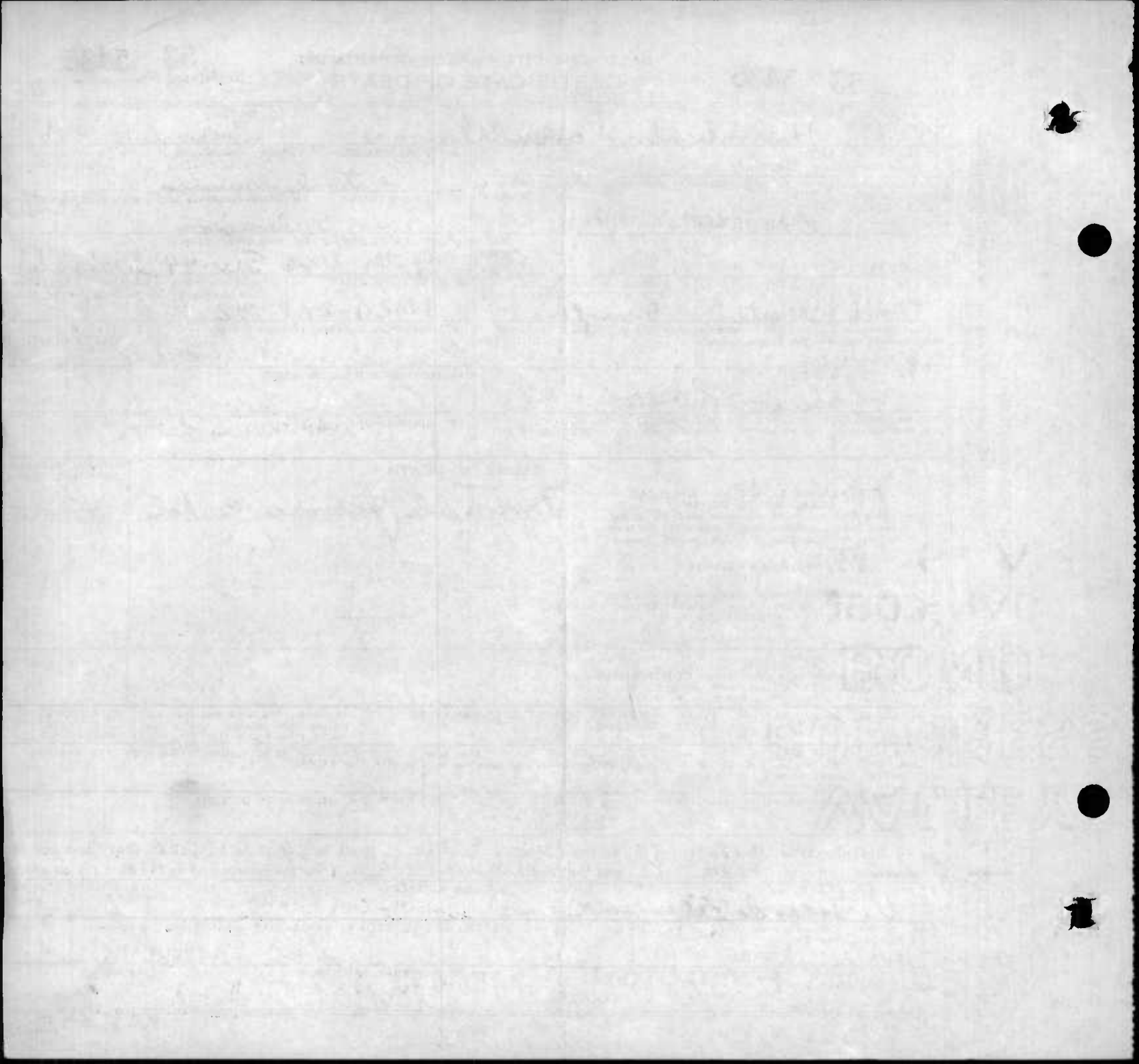
1. NAME OF DECEASED (Type or Print) <i>MARY A. HATFIELD</i>		2. DATE OF DEATH <i>6/8/53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1315 L. g. St</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore 24-03</i>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>1315 L. g. St</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M.</i>	8. DATE OF BIRTH <i>12-16-83</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House work</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>	9. AGE (In years, last birthday) <i>69</i>
11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Peter Roberts</i>		14. MOTHER'S MAIDEN NAME <i>Isadora Clark</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Family - Same</i>		ADDRESS	
18. <i>260X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Cerebral Vascular Accident - Left</i> DUE TO (B) <i>Arteriosclerosis C.V. Disease, Diabetes Mellitus</i> DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH <i>5-28-53</i> <i>6-8-53</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Aug 1951</i> , 1951, to <i>June 8</i> , 1953, that I last saw the deceased alive on <i>June 8</i> , 1953, and that death occurred at <i>5 P.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>A. S. S. S. S.</i>		23B. ADDRESS <i>4016 Ritchie Hwy</i>	
23C. DATE SIGNED <i>6-9-53</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>B.</i>		24B. DATE <i>6-12-53</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>MT. OLIVET</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 11 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
FUNERAL DIRECTOR <i>130 E. FORT AVE.</i>		ADDRESS	

Sowthick.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1A-416.		BALTIMORE CITY HEALTH DEPARTMENT		53 5435	
BIRTH NO. 53 5435		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) <u>Humberto Romero Alvergue</u>			2. DATE OF DEATH <u>June 10, 1953</u>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Central America</u> b. COUNTY		
b. FULL NAME OF (If not in hospital or institution, give street address or location) <u>33 JOHNS HOPKINS HOSPITAL</u>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>San Salvador 7-05</u>		
c. Length of stay in Baltimore <u>15</u> Days			d. STREET ADDRESS (If rural, give location) <u>4th Ave San Salvador</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>11-29-20</u>	9. AGE (In years last birthday) <u>32</u>	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lawyer</u>			11. BIRTHPLACE (State or foreign country) <u>El Salvador, Central America</u>		
10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <u>El Salvador</u>		
13. FATHER'S NAME <u>Humberto Romero</u>			14. MOTHER'S MAIDEN NAME <u>Concha Alvergue</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u>			18. <u>465X</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>True Triple Pneumonia emboli</u> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21b. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)		
21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			21d. HOW DID INJURY OCCUR?		
21e. TIME (Month) (Day) (Year) (Hour) OF INJURY			21f. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		
22. I hereby certify that I attended the deceased from <u>5-27</u> , 1953, to <u>6-10</u> , 1953, that I last saw the deceased alive on <u>6-10</u> , 1953, and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>V. L. S. Aguirre</u>			23b. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		
23c. DATE SIGNED <u>6-11-53</u>			24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		
24b. DATE <u>JUNE 25 1953</u>			24c. NAME OF CEMETERY OR CREMATORY <u>San Salvador, C.A.</u>		
24d. LOCATION (City, town, or county) (State)			25. FUNERAL DIRECTOR <u>J. O. Mitchell & Sons Inc</u>		
DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 11 1953</u>			REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		
VS 150			1900 East Ave Place		



H-360
53 5436BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5436
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Adair

2. DATE
OF
DEATH

6-9-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

MEADY Hosp

Yrs.
Mos.
Days

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1515 Pentridge Rd

c. Length of stay in Baltimore

Unknown

5. SEX

6. COLOR OR RACE

7. SINGLE ☒ MARRIED

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

10/19/11

9. AGE (in years
last birthday)

61

If Under 1 Year

Months

Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Unknown

10B. KIND OF BUSINESS OR
INDUSTRY

TEXAS OIL CO

11. BIRTHPLACE (State or foreign country)

Ohio

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Alanzo Adair

14. MOTHER'S MAIDEN NAME

Ella Feary

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

YES

WWI

16. SOCIAL
SECURITY NO.

226-07-2261 Has same

17. INFORMANT

ADDRESS

18. 420.1 and 260x
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Myocardial infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

12 hrs

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

Diabetic mellitus

3 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)

OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-9, 1953, to 6-9, 1953, that I last saw the
deceased alive on 6-9, 1953, and that death occurred at 2:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Charles R. Luber

23B. ADDRESS

M. D. Mary Hosp

23C. DATE SIGNED

6-9-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

JUNE 12, 1953

24C. NAME OF CEMETERY OR CREMATORY

BALTO NAT'L

24D. LOCATION (City, town, or county) (State)

BALTO.

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mildred J. Bleight

ADDRESS

6009 Hayford Rd

3543 82

THE UNITED STATES OF AMERICA
BY 3170 STADY (RSD)

10/1/82

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5437
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

William T. PARKS

2. DATE
OF
DEATH

6/9/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

37 MERCY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE 13-08

D. STREET ADDRESS (If rural, give location)

1202 W. 36th St. - 11

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

NOV 24 1897

9. AGE (in years
last birthday)

55

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Mechanic B.T.C.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND.

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

CHARLES PARKS.

14. MOTHER'S MAIDEN NAME

LAURA MOONEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

EMMA PARKS - 1202 W 36th ST.

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Lobar Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Portal Cirrhosis

DUE TO

(C) Diabetes Mellitis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

OF INJURY

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 10/80, 1953, to 6/9, 1953, that I last saw the
deceased alive on 6/9, 1953, and that death occurred at 9:20 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial
DATE RECEIVED BY
LOCAL REGISTRARJune 12/53
REGISTRAR'S SIGNATURE
Huntington Williams

St. Mary's Hospital - 3900 Roland Ave. Md.

25. FUNERAL DIRECTOR

ADDRESS

Christen P. Donovan - 3818 Roland Ave

1917

33

CERTIFICATE OF DEATH

1917



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 5438****L-200**
53 5438

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Gussie Phillips Lewis**2. DATE
OF
DEATH**6/9/53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION**Provident Hospital**C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2004 Dukeland Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED DIVORCED (Specify)**Married**

8. DATE OF BIRTH

6/5/19009. AGE (In years
last birthday)**53**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**housewife**10B. KIND OF BUSINESS OR
INDUSTRY**-**

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John A. Scott

14. MOTHER'S MAIDEN NAME

Florence Hill15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Rufus Lewis 2004 Dukeland St.18. **446x**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4/17/1953**, to **6/9/1953**, that I last saw the
deceased alive on **6/9**, 1953, and that death occurred at **8:20 P. M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

6/14/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Zion Cemetery

24D. LOCATION (City, town, or county)

Landsdowne, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Arlington S. Phillips 1808 N.**Monroe St.**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAY 27 1953

53 5439

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5439

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
LOUIS Louis P. Ptak PTAK		June 8, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 359 S. Bonsal Street zone 24	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 11, 1901
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHIPFITTER		10B. KIND OF BUSINESS OR INDUSTRY BETH. SHIPYARD	9. AGE (In years last birthday) 51
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Louis Ptak		14. MOTHER'S MAIDEN NAME Pauline ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 213-09-2491	
17. INFORMANT B. C. H. 4940 Eastern Ave. (records)		ADDRESS	
18. 434.2 CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) Acute Cor Pulmonale			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) Pulmonary Edema and Hypostasis			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 7	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-8, 1953, to 6-8, 1953, that I last saw the deceased alive on 6-8, 1953, and that death occurred at 10:25 p.m., from the causes and on the date stated above.			
23A. SIGNATURE H. J. [Signature]		23B. ADDRESS 4940 Eastern Ave., Balto., Md.	23C. DATE SIGNED 6-8-1953
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 6-12-53	24C. NAME OF CEMETERY OR CREMATORY SACRED HEART CEM.	24D. LOCATION (City, town, or county) (State) 7401 GERMAN HILL RD., MD.
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR Charles J. Zeiler 901 S. CONKLING ST. BALTO. 24, MD.	

VS 150

Medical Examiner's Case

5853U

NOT A MEDICAL EXAMINER'S CASE
R. B. Fisher M.D.
CHIEF OR ASST. MEDICAL EXAMINER

53 5440

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5440
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LAVINIA SMITH

2. DATE
OF
DEATH

JUNE 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MD. B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

186 W. HAMBURG ST.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

C. Length of stay in Baltimore

40

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

186 W. Hamburg St.

5. SEX

F

6. COLOR OR RACE

NEGRO

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

DIVORCED

8. DATE OF BIRTH

MAR. 9, 1894

9. AGE (in years, last birthday)

61

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

DOMESTIC

10B. KIND OF BUSINESS OR INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

D.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

BUNNY SMITH

14. MOTHER'S MAIDEN NAME

HANNA BANKS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

PAULINE GROSS - 186 W. HAMBURG ST.

18. 792X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

UREMIA

INTERVAL BETWEEN ONSET AND DEATH

4 DAYS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) DUE TO

(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

MIRASMA

6401.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/17, 1953, to 6/10, 1953, that I last saw the deceased alive on 6/6, 1953, and that death occurred at 12 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Joseph Williams II

M. D.

23B. ADDRESS

141 W. MONTGOMERY ST.

23C. DATE SIGNED

6/10/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/13/53

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn C.

24D. LOCATION (City, town, or county)

Balto City

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

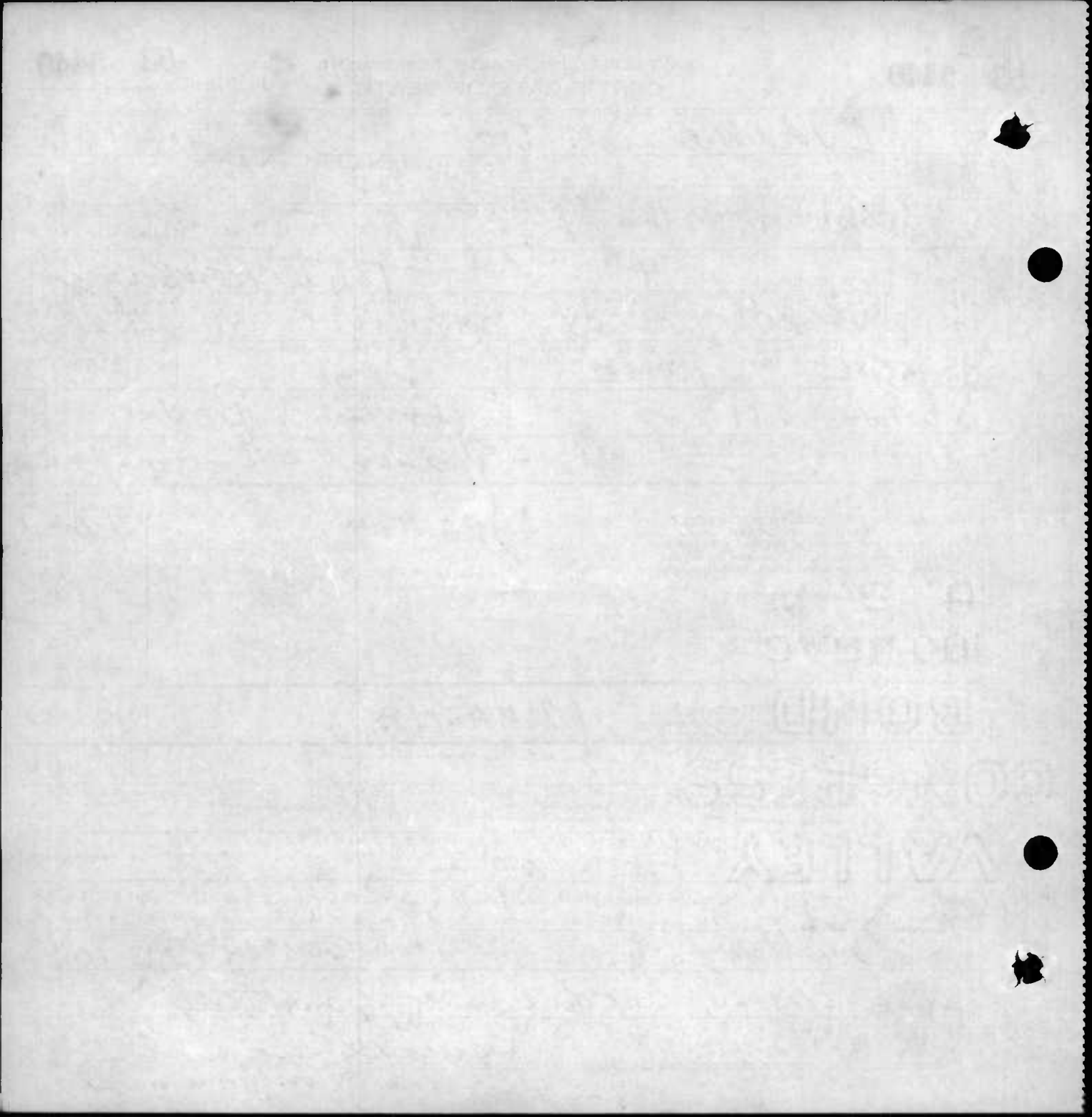
Huntington W.

25. FUNERAL DIRECTOR

Isaiah L Brown Sr

ADDRESS

720 FA 108 W. Montgomery St



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-460
53 5441BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5441

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ODELLA PAYLOR

2. DATE OF DEATH
June 10, 19533. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF HOSPITAL OR INSTITUTION
(If not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write FULL, and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
1620 N. Caroline St.

c. Length of stay in Baltimore

18 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 23 1917

9. AGE (in years, last birthday)

35

11 Under 1 Year

Months: Days

12 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Rayboro N.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Eddie Barnett

14. MOTHER'S MAIDEN NAME

Mary Barnett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Harold Paylor

18. E916.3

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Third degree burns of 80% of body

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

factory

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

George Franke Co.-114 S. Eutaw St. 4/01

21D. TIME (Month) (Day) (Year) (Hour)

June 10, 1953 4:00 P. m.

21E. INJURY OCCURRED

WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

Burned in explosion

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Willie V. Smith

23B. CHIEF MEDICAL EXAMINER ☒ASSISTANT MEDICAL EXAMINER ☐MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

June 11, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 13/53

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Rayboro N. Carolina

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. P. G. Elliott & Son

VS 151

N948.2

7208A

1139 N. Caroline St.

1425 10

RECEIVED 10-27-40

10

10-27-40

TO THE HONORABLE CHIEF OF BUREAU OF REVENUE
WASHINGTON, D. C.

FROM THE HONORABLE CHIEF OF BUREAU OF REVENUE
WASHINGTON, D. C.

SUBJECT: [Illegible]

REFERENCE IS MADE TO [Illegible]

IT IS HEREBY ORDERED THAT [Illegible]

THE FOLLOWING [Illegible]

BE [Illegible]

IN WITNESS WHEREOF [Illegible]

AT WASHINGTON, D. C. [Illegible]

10-27-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 S-530
5442BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered 53 5442

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNIE

SMITH

2. DATE
OF
DEATH

June 8, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

1139 N. Mount Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1139 N. Mount Street

C. Length of stay in Baltimore

20 YRS.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WID

8. DATE OF BIRTH

9/27/1896

9. AGE (In years last birthday)

56

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

DOMESTIC

11. BIRTHPLACE (State or foreign country)

EXMORE, VA.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

THOMAS TANKARD

14. MOTHER'S MAIDEN NAME

MARGARET

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

NO

(If yes, give war or dates of service)

NONE

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

SARAH MEARS(D) 1139 N. MOUNT ST.

18.

170X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Generalized carcinomatosis
DUE TO carcinoma of the breast

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. B. Fisher

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
M.D. MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
June 8, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

6/12/53

24C. NAME OF CEMETERY OR CREMATORY

MT. CALVARY CEM.

24D. LOCATION (City, town, or county)

A.A. COUNTY, MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

CHAS. G. COOPER-512 CARROLLTON AV.

VS 151

7208A Charles H. Cooper.

1943

1943

DEPARTMENT OF HEALTH

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-530

53

5443

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 5443

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ADELINE C. SMITH

2. DATE
OF
DEATH

June 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

622 W. 40th St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

622 W. 40th St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Mar. 27, 1894

9. AGE (In years
last birthday)

59

H Under 1 Year
Months DaysH Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George E. Cavano

14. MOTHER'S MAIDEN NAME

Annie Griffith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Dr. Fred B. Smith - 622 W. 40th St.

18. 420.1
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

(A) DUE TO

Coronary Thrombosis

acute

ANTECEDENT CAUSES

(B) DUE TO

Coronary Insufficiency

14 yrs.

(C) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19, to June 11, 1953, that I last saw the
deceased alive on June 10, 1953, and that death occurred at 8 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

6/12/53

24C. NAME OF CEMETERY OR CREMATORY

Westminster Cem.

24D. LOCATION (City, town, or county)

Westminster, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

504th St. 2. Tichenor & Sons
Baltimore 17, Md.

CERTIFICATE OF DEATH

JAN 22 1917

JAN 22 1917

JAN 22 1917

JAN 22 1917

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-323

53 5444

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5444

1. NAME OF DECEASED (Type or Print) CAROLINE R. PADGETT			2. DATE OF DEATH 6-10-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland C. CITY OR TOWN Baltimore D. STREET ADDRESS (If rural, give location) 3703 N. Charles Street		
c. Length of stay in Baltimore Yrs. Mos. Days			5. DATE OF BIRTH 4.13.1867		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	9. AGE (in years last birthday) 86		If Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) none			10B. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME Hubert Eff			14. MOTHER'S MAIDEN NAME Mary (?)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) -			16. SOCIAL SECURITY NO. none		
17. INFORMANT Mr. Wm. R. Padgett - Charlcote & Greenway			ADDRESS		
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH Intra cerebral hemorrhage Arteriosclerotic Cardio Vascular disease & hypertension		
19A. DATE OF OPERATION 6-10-53			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			21D. HOW DID INJURY OCCUR?		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 6-6-53 , to 6-10-53 , that I last saw the deceased alive on 6-10-53 , and that death occurred at 6:00 PM. from the causes and on the date stated above.					
23A. SIGNATURE Harry L. Frigone			23B. ADDRESS St. Agnes Hosp.		
23C. DATE SIGNED 6-10-53			23D. SIGNATURE Huntington Williams		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE June 13, 1953		
24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.			24D. LOCATION (City, town, or county) (State) Balto., Md.		
DATE RECEIVED BY LOCAL REGISTRAR June 11, 1953			25. FUNERAL DIRECTOR Wm. J. Lefner & Sons		
VS 150			ADDRESS Balto. 17, Md.		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-314		BALTIMORE CITY HEALTH DEPARTMENT		53 5445	
5445		CERTIFICATE OF DEATH		Registered No.	
BIRTH NO		1. NAME OF DECEASED (Type or Print) Mr. John J. Stapleton		2. DATE OF DEATH 6-9-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital		D. STREET ADDRESS (If rural, give location) 5621 Ashbourne Rd, Baltimore 27, Maryland			
c. Length of stay in Baltimore 9 yrs.		5. SEX male		6. COLOR OR RACE white	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 3, 1898		9. AGE (In years last birthday) 55	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10B. KIND OF BUSINESS OR INDUSTRY Todd Cigarette Machine Co. (R)		11. BIRTHPLACE (State or foreign country) New York	
13. FATHER'S NAME James Stapleton		14. MOTHER'S MAIDEN NAME Elizabeth		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Roberta A. Stapleton,	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) MASSIVE CORONARY OCCLUSION		CAUSE OF DEATH Arteriosclerosis C-V Disease		INTERVAL BETWEEN ONSET AND DEATH 3 days	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Embolus, Rt. Popliteal Artery		18 hrs.	
19A. DATE OF OPERATION 6/8/53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED EMBOLOS, RT. POPLITEAL		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6/8 , 19 53 , to 6/9 , 19 53 , that I last saw the deceased alive on 6/9 , 19 53 , and that death occurred at 1:15 p. m., from the causes and on the date stated above.					
23A. SIGNATURE Stephen K. Padunis		23B. ADDRESS St. Agnes Hospital		23C. DATE SIGNED 6/8/53	
24A. BURIAL CREMATION, REMOVAL (Specify) Burial		24B. DATE June 12/53		24C. NAME OF CEMETERY OR CREMATORY Baltimore National	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		DATE RECEIVED BY LOCAL REGISTRAR JUN 11 1953		REGISTRAR'S SIGNATURE Thurston Williams	
VS 150		FURNERAL DIRECTOR Harry H. Hitt		ADDRESS 4101 Edmondson Ave.	

49060

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAR-170873 Q-300 53-5446 NORTH NO.		CERTIFICATE CORRECTED 9-24-53 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 5446 Registered No.	
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
Louis Queen			June 9, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			A. STATE Maryland		
C. Length of stay in Baltimore Life			C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 713 Lafayette Avenue zone 17			D. STREET ADDRESS (If rural, give location)		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated Widowed	8. DATE OF BIRTH May 15, 1902	9. AGE (In years last birthday) 51	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labourer		10B. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME John Queen		14. MOTHER'S MAIDEN NAME Julia Hall		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 218-09-7699		17. INFORMANT B. C. H. 4940 Eastern Ave. (records)	
18. 002X and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Tuberculosis with Hematogenous S pread Diabetes Mellitus			INTERVAL BETWEEN ONSET AND DEATH		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-2, 1953 to 6-9, 1953 that I last saw the deceased alive on 6-9, 1953, and that death occurred at 11:40 A.M., from the causes and on the date stated above.					
23A. SIGNATURE H. Jones		23B. ADDRESS 4940 Eastern Ave., Balto., Md.		23C. DATE SIGNED 6-9-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-13-53		24C. NAME OF CEMETERY OR CREMATORY Fountain Chapel	
24D. DATE RECEIVED BY LOCAL REGISTRAR		24E. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		24F. FUNERAL DIRECTOR F.C. Higinbotham	
VS 150		97024		ADDRESS Edicott City Md	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 5447**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Joseph E. Burkett**2. DATE
OF
DEATH**6/10/53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION**6009 Prescott Ave**

C. CITY OR TOWN (If outside corporate limits, write R.R. No. and give

township)

Balto.

c. Length of stay in Baltimore

1.50Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

6009 Prescott Ave

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Mar. 9, 1880

9. AGE (In years

last birthday)

73

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**laborer**10B. KIND OF BUSINESS OR
INDUSTRY**Manufacturing**

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF

WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Burkett

14. MOTHER'S MAIDEN NAME

Hattie Bass15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**No**16. SOCIAL
SECURITY NO.**216-09-9433**

17. INFORMANT

ADDRESS

Emma Burkett-6009 Prescott Ave18. **442X**DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Acute Corbri Decompenation

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH**1 hr**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

**Hypertensive Cardiovascular Renal Disease
with decompenation**

(C)

2 yearsII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.**Prostatic Hypertrophy****3 yrs**

19A. DATE OF OPERATION

MARCH 1953

19B. MAJOR FINDINGS OF OPERATION

Cystomy - Cord Bladder -

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb**, 19**53**, to **10 June**, 19**53**, that I last saw the
deceased alive on **10 June**, 19**53**, and that death occurred at **5:00 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Lauretta L. Kerwin

M. D.

23B. ADDRESS

431 E. Lake Ave

23C. DATE SIGNED

11 June 5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

6/13/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

Arundel Co. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Truington Williams, M.D. I. Chatman, Jr. - 1701 M & C 11th

25. FUNERAL DIRECTOR

ADDRESS

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 5448
Registered No.

53 5448
BIRTH NO.

1. NAME OF DECEASED (Type or Print) John Adolph George Schreiber			2. DATE OF DEATH June 10th., 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2127 Aiken Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2127 Aiken Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 15 th. 1890		9. AGE (In years last birthday) 62
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffer		10B. KIND OF BUSINESS OR INDUSTRY Cab Company	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Schreiber			14. MOTHER'S MAIDEN NAME Christina Wilhelm		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 213-09-9751	17. INFORMANT ADDRESS Mrs. Ethel M. Schreiber-2127 Aiken Street		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion (A) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			CAUSE OF DEATH Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH 4 days		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from June 6 , 19 53 , to June 10 , 19 53 , that I last saw the deceased alive on June 9 , 19 53 , and that death occurred at 3:30 A.M. , from the causes and on the date stated above.								
23A. SIGNATURE Loy M. Zimmerman			23B. ADDRESS 2868 Harford Rd.			23C. DATE SIGNED June 10, 53		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 13, 1953		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery		24D. LOCATION (City, town, or county) (State) Belair Rd. Balto. Md.		
DATE RECEIVED BY LOCAL REGISTRAR June 11 1953		REGISTRAR'S SIGNATURE Thurston W. Francis, Jr.		25. FUNERAL DIRECTOR George P. Ruth, Inc.		ADDRESS -1735 Harford Avenue		

68254

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF TEXAS

County of _____

53 5449

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5449

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM O. STEAGALL

2. DATE OF DEATH June 10, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, give location and township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3014 Vineyard Lane

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

August 8, 1910

9. AGE (In years last birthday)

42

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Painter

10B. KIND OF BUSINESS OR INDUSTRY

Building

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Steagall

14. MOTHER'S MAIDEN NAME

Agnes Billups

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 232-12-4235

17. INFORMANT ADDRESS

Louise M. Steagall, 3014 Vineyard Lane

18. E812.4 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Fracture of 5th and 6th cervical

vertebrae

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

St. Paul Street and University Parkway

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

6/9/53 7:45

A. m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by automobile

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED June 10, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

6/12/53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm Cook, Inc. 1217 St. Paul Street

VS 151

N 805.0

56424

✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1. The first part of the report is a general description of the project. It includes the title, the objectives, the scope, and the methodology. The title is "The Effect of the Environment on the Behavior of the Human Subject". The objectives are to determine the effect of the environment on the behavior of the human subject, to determine the effect of the environment on the behavior of the human subject, and to determine the effect of the environment on the behavior of the human subject. The scope is the behavior of the human subject. The methodology is the experimental method.

2. The second part of the report is a description of the experimental method. It includes the subjects, the apparatus, the procedure, and the data collection. The subjects are the human subjects. The apparatus is the experimental apparatus. The procedure is the experimental procedure. The data collection is the experimental data collection.

3. The third part of the report is a description of the results. It includes the data, the analysis, and the conclusions. The data is the experimental data. The analysis is the experimental analysis. The conclusions are the experimental conclusions.

4. The fourth part of the report is a description of the discussion. It includes the interpretation of the results, the limitations of the study, and the suggestions for future research. The interpretation of the results is the experimental interpretation of the results. The limitations of the study are the experimental limitations of the study. The suggestions for future research are the experimental suggestions for future research.

5. The fifth part of the report is a description of the references. It includes the list of references, the list of references, and the list of references. The list of references is the experimental list of references. The list of references is the experimental list of references. The list of references is the experimental list of references.

6. The sixth part of the report is a description of the appendix. It includes the list of appendix, the list of appendix, and the list of appendix. The list of appendix is the experimental list of appendix. The list of appendix is the experimental list of appendix. The list of appendix is the experimental list of appendix.

7. The seventh part of the report is a description of the conclusion. It includes the summary of the results, the summary of the results, and the summary of the results. The summary of the results is the experimental summary of the results. The summary of the results is the experimental summary of the results. The summary of the results is the experimental summary of the results.

8. The eighth part of the report is a description of the bibliography. It includes the list of bibliography, the list of bibliography, and the list of bibliography. The list of bibliography is the experimental list of bibliography. The list of bibliography is the experimental list of bibliography. The list of bibliography is the experimental list of bibliography.

9. The ninth part of the report is a description of the index. It includes the list of index, the list of index, and the list of index. The list of index is the experimental list of index. The list of index is the experimental list of index. The list of index is the experimental list of index.

10. The tenth part of the report is a description of the glossary. It includes the list of glossary, the list of glossary, and the list of glossary. The list of glossary is the experimental list of glossary. The list of glossary is the experimental list of glossary. The list of glossary is the experimental list of glossary.

11. The eleventh part of the report is a description of the appendix. It includes the list of appendix, the list of appendix, and the list of appendix. The list of appendix is the experimental list of appendix. The list of appendix is the experimental list of appendix. The list of appendix is the experimental list of appendix.

12. The twelfth part of the report is a description of the conclusion. It includes the summary of the results, the summary of the results, and the summary of the results. The summary of the results is the experimental summary of the results. The summary of the results is the experimental summary of the results. The summary of the results is the experimental summary of the results.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO. 53 5450		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 5450	
1. NAME OF DECEASED (Type or Print) SAMUEL WASHINGTON			2. DATE OF DEATH June 10, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1219 W. Mosher Street		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 19, 1889	9. AGE (in years last birthday) 63	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Merchantsville N.J.	
13. FATHER'S NAME Sam Washington			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			14. MOTHER'S MAIDEN NAME Eliza		
16. SOCIAL SECURITY NO.			17. INFORMANT Sunclair Washington		
18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO (A)			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William Williams		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED June 10, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/15/1953		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem	
24D. LOCATION (City, town or county) Baltimore		24E. LOCATION (State) Md.		25. FUNERAL DIRECTOR Mrs. Katie R. Williams	
DATE RECEIVED BY LOCAL REGISTRAR JUN 11 1953		REGISTRAR'S SIGNATURE William Williams, M.D.		ADDRESS 3214 Schroeder St	

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 H-220 5451

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5451

BIRTH NO.			
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
CLARA HUGHES		June 10, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Morgue		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 4-02	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 707 W. Saratoga Street	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married Sep	8. DATE OF BIRTH Sept. 10, 1906
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 46
11. BIRTHPLACE (State or foreign country) Winnabow S.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Thomas Hughes		ADDRESS	
18. 491X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Bronchopneumonia DUE TO (B) DUE TO (C)	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE William Schroeder		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR	
23C. DATE SIGNED June 10, 1953			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/5/1953	
24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.		24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
FURNERAL DIRECTOR Mrs. Katie R. Williams		ADDRESS 3224 Schroeder St	

1517 42

RECEIVED THE NEW YORK
CENTRAL & HARTFORD

1917



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-243
53 5452

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5452

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		LOUIS DeSHIELDS		June 10, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		A. STATE	
B. FULL NAME OF HOSPITAL OR INSTITUTION		Maryland		B. COUNTY	
Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		Baltimore	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)		402 Pine Street	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year
Male	Colored	Widow	Oct. 19, 1890	62	Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY	
Rigger			Mandella Springs Md.	U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Solomon Deshields		Lottie Bosley			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT		
No			Wilson Deshields 1216 W. Fayette St		
18. 023X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Luetic heart disease			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER M.D.		23C. DATE SIGNED	
R. F. Fisher		M. D. Williams, Jr.		June 11, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		6/13/1953		Mt. Vernon, Md.	
24D. DATE RECEIVED BY LOCAL REGISTRAR		24E. REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
JUN 11		Huntington Williams, Jr.		Mrs. Katie R. Williams Schroeder	
24F. ADDRESS		24G. ADDRESS		24H. ADDRESS	
322 N					

8217

U. S. DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Baltimore City Health Department Certificate of Death				Registered No. 53 5453	
BIRTH NO. 53 5453					
1. NAME OF DECEASED (Type or Print) LEONARD KYLE			2. DATE OF DEATH June 9, 1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY 22		
b. FULL NAME OF (If not in hospital or institution, give street address or location) South Balto. General Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. 0 Mos. 0 Days 0			d. STREET ADDRESS (If rural, give location) 401 W. Perry St.		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 16, 1935	9. AGE (In years last birthday) 17	If Under 1 Year: Months 0 Days 0 If Under 24 Hours: Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Dowey L Kyle			14. MOTHER'S MAIDEN NAME Pearl Miller		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Dowey Kyle 401 W Perry St.		
18. E929.8 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Drowning DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)			CAUSE OF DEATH Drowning INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION 6/13/1953			19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) harbor	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1100 block Frankfurst Ave. (north side)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY June 9, 1953 12:45 P. m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Found drowned (drowned while swimming)			
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23a. SIGNATURE William J. Dowey			23b. CHIEF MEDICAL EXAMINER... ASSISTANT MEDICAL EXAMINER... MEDICAL INVESTIGATOR M.D. [Signature]		23c. DATE SIGNED June 9, 1953
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/13/1953	24c. NAME OF CEMETERY OR CREMATORY St. Luke's Cem.	24d. LOCATION (City, town, or county) (State) Balto. Md.		
DATE RECEIVED BY LOCAL REGISTRAR 5/13/53	REGISTRAR'S SIGNATURE Huntington	25. FUNERAL DIRECTOR Mrs. Katie R. Williams		ADDRESS Schroeder	

212 3

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

1913

TO THE SECRETARY OF THE INTERIOR
FROM THE DIRECTOR OF THE BUREAU OF LAND MANAGEMENT
SUBJECT: [Illegible]

[Illegible text block]

[Illegible text block]

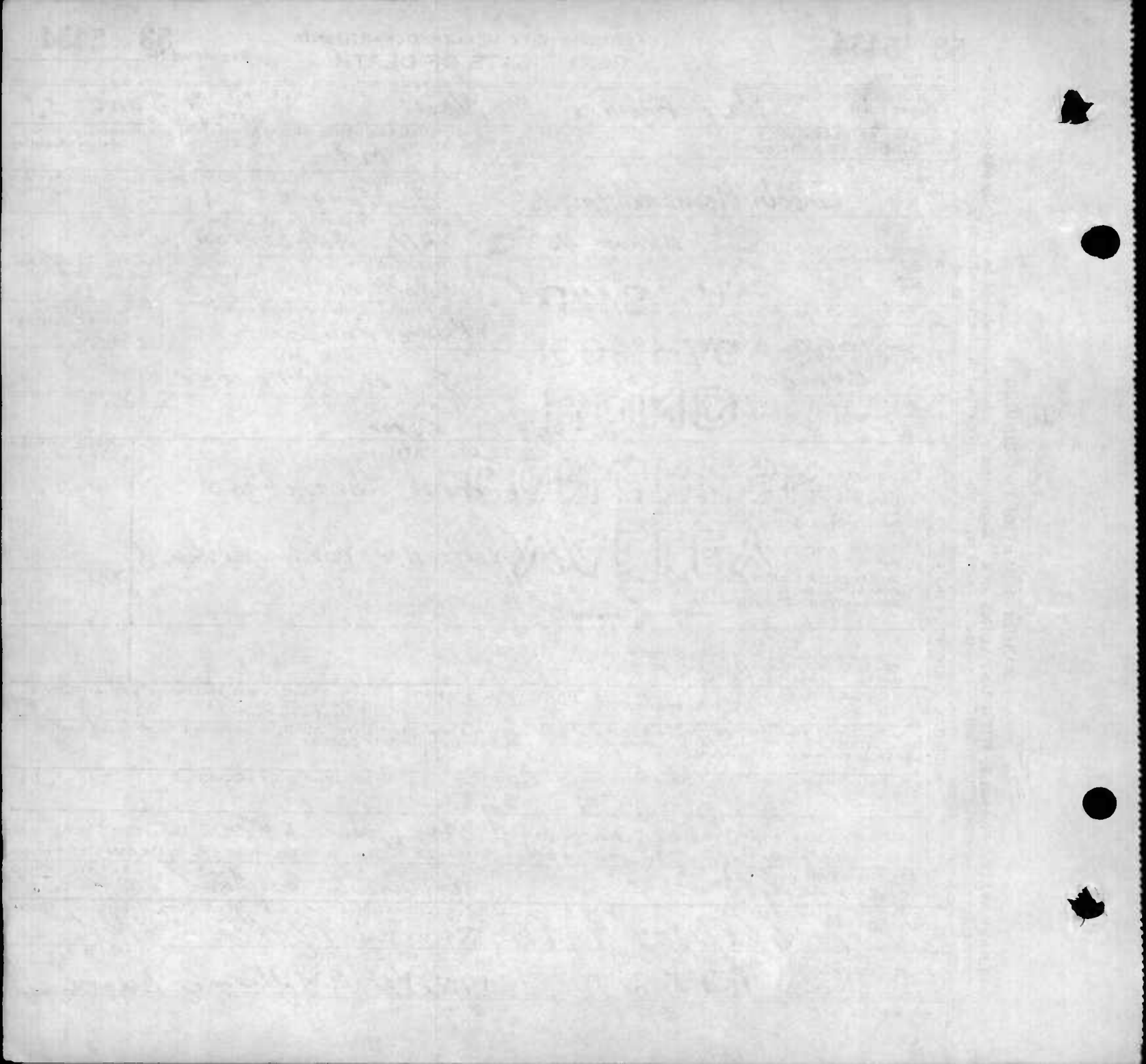
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 M-254
5454BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5454

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Mary Frances McNeal</i>		2. DATE OF DEATH <i>9 June 53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lincoln Memorial Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 16-07</i>			
C. Length of stay in Baltimore <i>About 45</i>		D. STREET ADDRESS (If rural, give location) <i>1211 Ashburton St.</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Separated</i>	8. DATE OF BIRTH <i>14 April 1904</i>	9. AGE (In years, last birthday) <i>49</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laundry Work</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Princes Ann County</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>Lemeul Sears</i>		14. MOTHER'S MAIDEN NAME <i>Sarah Mevcer</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>216-14-3840</i>		17. INFORMANT <i>Sister</i> ADDRESS	
18. <i>443X</i>		CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH <i>4 wks</i>
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) <i>Cerebral thrombosis</i>			
ANTECEDENT CAUSES		(B) <i>Hypertensive cardiovascular disease</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11 May 1953</i> to <i>2 June 1953</i> that I last saw the deceased alive on <i>2 Jun 1953</i> , and that death occurred at <i>4:45 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>James S. Browne</i>		23B. ADDRESS <i>University Hospital</i>		23C. DATE SIGNED <i>10 Jun 53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>6/13/1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>W. H. McVann Cmi. Balto.</i>	
24D. LOCATION (City, town, or county) (State) <i>Md.</i>		24E. NAME OF CEMETERY OR CREMATORY		24F. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Huntling</i>		25. FUNERAL DIRECTOR <i>Mr. Katz R. Williams</i> ADDRESS <i>322 M Schroeder St</i>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5455

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Florence Crowner

2. DATE
OF
DEATH

6/9/1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1128 Shields Place

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

1128 Shields Place

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Cot.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept. 4, 1897

9. AGE (In years
last birthday)

55

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Crowner

14. MOTHER'S MAIDEN NAME

Emma ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Elsie Bean

ADDRESS

1128 Shields Pl.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cardio-Vascular Disease 2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 4, 1953 to June 8, 1953 that I last saw the
deceased alive on June 8, 1953 and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

W. H. Watts

M. O.

23B. ADDRESS

515 4th Avenue

23C. DATE SIGNED

6/11/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/19/1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams

ADDRESS

322 N. Schenck St.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 5456**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harriet A. Butler

2. DATE OF DEATH
June 5, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 520 N. Calhoun Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

520 N. Calhoun Street

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

B. DATE OF BIRTH

June 27, 1864

9. AGE (In years last birthday)

88

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Anne Arundel Co., Md.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Nathaniel Evans

14. MOTHER'S MAIDEN NAME

Martha Simms

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Cornelius Butler 2308 Madison Ave, BaltoMd.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive Heart Failure

DUE TO

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) A H C V D

DUE TO

?

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 16, 1953, to June 5, 1953, that I last saw the deceased alive on June 3, 1953, and that death occurred at 10 A. M., from the causes and on the date stated above.

23A. SIGNATURE

George Mc Donald

M. D.

23B. ADDRESS

844 N. Carey St. Baltimore, Md. 6/9/53

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/8/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cemetery

24D. LOCATION (City, town, or county)

Westport (Balto.) Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Joseph L. Vues 2222 W. North Ave Balto.

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

38 5486

38 5486

<p>1. NAME OF DECEASED</p>		<p>2. SEX</p>		<p>3. AGE</p>		<p>4. DATE OF BIRTH</p>	
<p>5. PLACE OF BIRTH</p>		<p>6. OCCUPATION</p>		<p>7. CAUSE OF DEATH</p>		<p>8. MANNER OF DEATH</p>	
<p>9. DATE OF DEATH</p>		<p>10. TIME OF DEATH</p>		<p>11. PLACE OF DEATH</p>		<p>12. SIGNATURE OF DECEASED</p>	
<p>13. SIGNATURE OF WITNESS</p>		<p>14. SIGNATURE OF PHYSICIAN</p>		<p>15. SIGNATURE OF CORONER</p>		<p>16. SIGNATURE OF JURY</p>	
<p>17. SIGNATURE OF DECEASED</p>		<p>18. SIGNATURE OF WITNESS</p>		<p>19. SIGNATURE OF PHYSICIAN</p>		<p>20. SIGNATURE OF CORONER</p>	
<p>21. SIGNATURE OF DECEASED</p>		<p>22. SIGNATURE OF WITNESS</p>		<p>23. SIGNATURE OF PHYSICIAN</p>		<p>24. SIGNATURE OF CORONER</p>	
<p>25. SIGNATURE OF DECEASED</p>		<p>26. SIGNATURE OF WITNESS</p>		<p>27. SIGNATURE OF PHYSICIAN</p>		<p>28. SIGNATURE OF CORONER</p>	
<p>29. SIGNATURE OF DECEASED</p>		<p>30. SIGNATURE OF WITNESS</p>		<p>31. SIGNATURE OF PHYSICIAN</p>		<p>32. SIGNATURE OF CORONER</p>	
<p>33. SIGNATURE OF DECEASED</p>		<p>34. SIGNATURE OF WITNESS</p>		<p>35. SIGNATURE OF PHYSICIAN</p>		<p>36. SIGNATURE OF CORONER</p>	
<p>37. SIGNATURE OF DECEASED</p>		<p>38. SIGNATURE OF WITNESS</p>		<p>39. SIGNATURE OF PHYSICIAN</p>		<p>40. SIGNATURE OF CORONER</p>	
<p>41. SIGNATURE OF DECEASED</p>		<p>42. SIGNATURE OF WITNESS</p>		<p>43. SIGNATURE OF PHYSICIAN</p>		<p>44. SIGNATURE OF CORONER</p>	
<p>45. SIGNATURE OF DECEASED</p>		<p>46. SIGNATURE OF WITNESS</p>		<p>47. SIGNATURE OF PHYSICIAN</p>		<p>48. SIGNATURE OF CORONER</p>	
<p>49. SIGNATURE OF DECEASED</p>		<p>50. SIGNATURE OF WITNESS</p>		<p>51. SIGNATURE OF PHYSICIAN</p>		<p>52. SIGNATURE OF CORONER</p>	
<p>53. SIGNATURE OF DECEASED</p>		<p>54. SIGNATURE OF WITNESS</p>		<p>55. SIGNATURE OF PHYSICIAN</p>		<p>56. SIGNATURE OF CORONER</p>	
<p>57. SIGNATURE OF DECEASED</p>		<p>58. SIGNATURE OF WITNESS</p>		<p>59. SIGNATURE OF PHYSICIAN</p>		<p>60. SIGNATURE OF CORONER</p>	
<p>61. SIGNATURE OF DECEASED</p>		<p>62. SIGNATURE OF WITNESS</p>		<p>63. SIGNATURE OF PHYSICIAN</p>		<p>64. SIGNATURE OF CORONER</p>	
<p>65. SIGNATURE OF DECEASED</p>		<p>66. SIGNATURE OF WITNESS</p>		<p>67. SIGNATURE OF PHYSICIAN</p>		<p>68. SIGNATURE OF CORONER</p>	
<p>69. SIGNATURE OF DECEASED</p>		<p>70. SIGNATURE OF WITNESS</p>		<p>71. SIGNATURE OF PHYSICIAN</p>		<p>72. SIGNATURE OF CORONER</p>	
<p>73. SIGNATURE OF DECEASED</p>		<p>74. SIGNATURE OF WITNESS</p>		<p>75. SIGNATURE OF PHYSICIAN</p>		<p>76. SIGNATURE OF CORONER</p>	
<p>77. SIGNATURE OF DECEASED</p>		<p>78. SIGNATURE OF WITNESS</p>		<p>79. SIGNATURE OF PHYSICIAN</p>		<p>80. SIGNATURE OF CORONER</p>	
<p>81. SIGNATURE OF DECEASED</p>		<p>82. SIGNATURE OF WITNESS</p>		<p>83. SIGNATURE OF PHYSICIAN</p>		<p>84. SIGNATURE OF CORONER</p>	
<p>85. SIGNATURE OF DECEASED</p>		<p>86. SIGNATURE OF WITNESS</p>		<p>87. SIGNATURE OF PHYSICIAN</p>		<p>88. SIGNATURE OF CORONER</p>	
<p>89. SIGNATURE OF DECEASED</p>		<p>90. SIGNATURE OF WITNESS</p>		<p>91. SIGNATURE OF PHYSICIAN</p>		<p>92. SIGNATURE OF CORONER</p>	
<p>93. SIGNATURE OF DECEASED</p>		<p>94. SIGNATURE OF WITNESS</p>		<p>95. SIGNATURE OF PHYSICIAN</p>		<p>96. SIGNATURE OF CORONER</p>	
<p>97. SIGNATURE OF DECEASED</p>		<p>98. SIGNATURE OF WITNESS</p>		<p>99. SIGNATURE OF PHYSICIAN</p>		<p>100. SIGNATURE OF CORONER</p>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO. 53 5457 **BALTIMORE CITY HEALTH DEPARTMENT** **CERTIFICATE OF DEATH** **Registered No.** 53 5457

1. NAME OF DECEASED (Type or Print) *Anthony Muskins (Miskinis)* **2. DATE OF DEATH** *June 8, 1953*

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) *JOHNS HOPKINS HOSPITAL*

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE *md.* **B. COUNTY** *Baltimore* **C. CITY OR TOWN** (If outside corporate limits, write RURAL and give township) *Baltimore 3-02*
D. STREET ADDRESS (If rural, give location) *217 President St.*

5. SEX *Male* **6. COLOR OR RACE** *White* **7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)** *Single*

8. DATE OF BIRTH *6-13-79* **9. AGE (in years last birthday)** *73* **10. KIND OF BUSINESS OR INDUSTRY** *MAINTENANCE MAN* **11. BIRTHPLACE (State or foreign country)** *Lithuania* **12. CITIZEN OF WHAT COUNTRY?** *U.S.A.*

13. FATHER'S NAME *Unknown* **14. MOTHER'S MAIDEN NAME** *Unknown*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) *No* **16. SOCIAL SECURITY NO.** *215-05-83464* **17. INFORMANT ADDRESS** *JOHNS HOPKINS HOSPITAL*

18. 163X **CAUSE OF DEATH** **INTERVAL BETWEEN ONSET AND DEATH**
I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) *Carcinoma of Lung* **?**
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0* **19B. CONDITION FOR WHICH OPERATION WAS PERFORMED** *0* **IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II** *0* **20. AUTOPSY?** YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) ☐ **21B. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.) *0* **21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?** *0*

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY *0* **21E. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **21F. HOW DID INJURY OCCUR?** *0*

22. I hereby certify that I attended the deceased from *4-18*, 1953, to *6-8*, 1953, that I last saw the deceased alive on *6-8*, 1953, and that death occurred at *8 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE *George A. Edwards* **23B. ADDRESS** *HOPKINS HOSPITAL* **23C. DATE SIGNED** *6-9-53*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* **24B. DATE** *June 12, 1953* **24C. NAME OF CEMETERY OR CREMATORY** *Holy Cross* **24D. LOCATION (City, town, or county) (State)** *Baltimore Maryland*

DATE RECEIVED BY LOCAL REGISTRAR *June 11 1953* **REGISTRAR'S SIGNATURE** *W. H. Edwards* **25. FUNERAL DIRECTOR ADDRESS** *Phar. W. Karbanowski 203 W. Carey St.*

VS 150 **55-499**

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Continued from p. 7881

Continued from p. 7881

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-653 53 5458		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 5458 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) BESSIE BRYANT		2. DATE OF DEATH June 11, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF (If not in hospital or institution, give street address or location) City Hospitals		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Essex			
c. Length of stay in Baltimore 5 days		D. STREET ADDRESS (If rural, give location) 236 Nicholson Road			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 12 - 1893	9. AGE (In years last birthday) 60	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10B. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) Va.	
13. FATHER'S NAME W. D. Bryant		14. MOTHER'S MAIDEN NAME Anna Tyne		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Everett Bryant ADDRESS 326 Nicholson Rd. Balt. Md.	
18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary tuberculosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Pulmonary tuberculosis DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE B. H. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED June 11, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 6/11/53		24C. NAME OF CEMETERY OR CREMATORY Bryant Bur.	
24D. LOCATION (City, town, or county) (State) Bethesda, Md.		24E. NAME OF CEMETERY OR CREMATORY Bethesda, Md.		24F. LOCATION (City, town, or county) (State) Bethesda, Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE W. H. Williams		25. FUNERAL DIRECTOR John Bonnelly ADDRESS 418 Eastern Ave. Balt. - 21 - Md.	
VS 151					

Over phone New London
in Medical Examiner's office
gave info:-

"about 14 yrs descent had
hemorrhage. Reported in
Virginia make tentative
diagnosis of polyp the.

When medicul exam sent
body there was blood
on both nostrils,
evidence of hemorrhage
before death."

7/1/53 E Steman

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) **JACK RUBENSTEIN** 2. DATE OF DEATH **JUNE 11, 1953**

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE **MARYLAND** B. COUNTY _____

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **2601 ROSLYN AVE** C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **BALTIMORE 15-12**

6. Length of stay in Baltimore **LIFE** Yrs. Mos. Days **3715 PARK HEIGHTS AVE** D. STREET ADDRESS (If rural, give location)

7. SEX **MALE** 8. COLOR OR RACE **WHITE** 9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 10. AGE (In years last birthday) **46** 11. Under 1 Year Months: Days 12. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **SALESMAN** 10B. KIND OF BUSINESS OR INDUSTRY **INSTALLMENT** 11. BIRTHPLACE (State or foreign country) **BALTO. MD** 12. CITIZEN OF WHAT COUNTRY? _____

13. FATHER'S NAME **HERMAN** 14. MOTHER'S MAIDEN NAME **DORA**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT **MYRTLE RUBENSTEIN** ADDRESS **SAME**

18. **154X** I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH **Generalized Carcinomatosis** INTERVAL BETWEEN ONSET AND DEATH _____

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) **Carcinoma of Rectum** DUE TO _____

ANTECEDENT CAUSES (B) _____

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____

19A. DATE OF OPERATION **6/12/1953** 19B. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____ 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____ 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **5/31** 19**53**, to **6/10-53**, 19**53**, that I last saw the deceased alive on **6-10**, 19**53**, and that death occurred at **9:55 A m.**, from the causes and on the date stated above.

23A. SIGNATURE **Danesh Ashwary** M. O. **2320 Eutaw Place 17** 23B. ADDRESS **6/11/53** 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **6/12/1953** 24C. NAME OF CEMETERY OR CREMATORY **Oheb Shalom** 24D. LOCATION (City, town, or county) (State) **Balto. Md**

DATE RECEIVED BY LOCAL REGISTRAR **6/12/1953** REGISTRAR'S SIGNATURE **H. J. Williams** 25. FUNERAL DIRECTOR **Jack Lewis Inc - 2100 Eutaw Pl.** ADDRESS _____

See query reply in Document File

Schwartz
2320
Easton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 5460

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 5460
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) ANDREW SOHOMON		2. DATE OF DEATH 6-12-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY 15-37			
B. FULL NAME OF HOSPITAL OR INSTITUTION 3317 Alto Road		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore			
c. Length of stay in Baltimore 15 Yrs. 15 Mos. 15 Days		D. STREET ADDRESS (If rural, give location) 3317 Alto Road			
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 7-13	9. AGE (In years last birthday) 73	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10B. KIND OF BUSINESS OR INDUSTRY Tailor		11. BIRTHPLACE (State or foreign country) Lith	
13. FATHER'S NAME Joseph		14. MOTHER'S MAIDEN NAME Nancy			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Jack Solomon 334 Alto Road	
18. 157X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Pancreas		CAUSE OF DEATH (A) Carcinoma of Pancreas DUE TO		INTERVAL BETWEEN ONSET AND DEATH 6 mo	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Carcinoma of Pancreas DUE TO			
(C) Carcinoma of Pancreas DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION Jan '53		19B. MAJOR FINDINGS OF OPERATION Carcinoma of pancreas		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 1952 to June 12, 1953 , that I last saw the deceased alive on June 11, 1953 and that death occurred at 2:45 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Dr. M. A. ...		23B. ADDRESS 2440 Eutaw Place		23C. DATE SIGNED 6/12/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-12-53		24C. NAME OF CEMETERY OR CREMATORY Rosedale	
24D. LOCATION (City, town, or county) Balto Md		24E. DATE RECEIVED BY LOCAL REGISTRAR JUN 12 1953		24F. REGISTRAR'S SIGNATURE Huntington	
24G. FUNERAL DIRECTOR Jack ...		24H. ADDRESS 2100 Eutaw Pl		24I. DATE RECEIVED BY LOCAL REGISTRAR JUN 12 1953	

VS 150

5906E

Shelling
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Mar 2661
Mo. 4 5024

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 5461**

BIRTH NO. **53 5461**

1. NAME OF DECEASED (Type or Print) ANITA KENNEDY			2. DATE OF DEATH June 10, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
5. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
7. Length of stay in Baltimore Yrs. 17 Mos. 0 Days 2			8. STREET ADDRESS (If rural, give location) 1217 Division Street		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 21, 1923		9. AGE (In years last birthday) 30
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) New York
13. FATHER'S NAME Lawrence Newton			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			14. MOTHER'S MAIDEN NAME Susie Handy		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Samuel Kennedy 1217 Division St.		

18. 645.0		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Ruptured ectopic pregnancy			
ANTECEDENT CAUSES		(B) Massive peritoneal hemorrhage			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>[Signature]</i>		23B. CHIEF MEDICAL EXAMINER ... <input type="checkbox"/> M.D. ASSISTANT MEDICAL EXAMINER ... <input type="checkbox"/> MEDICAL INVESTIGATOR ... <input type="checkbox"/>		23C. DATE SIGNED June 10, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-15-53		24C. NAME OF CEMETERY OR CREMATORY Baltimore National	
24D. LOCATION (City, town, or county) (State) Baltimore Md.		24E. NAME OF REGISTRAR <i>[Signature]</i>		24F. ADDRESS 578W Biddle St.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 5462

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 5462
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) John WILLIAM O'NEILL		2. DATE OF DEATH June 11, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 3314 Elm Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-06			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 3314 Elm Avenue			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 24, 1887	9. AGE (in years last birthday) 65	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10B. KIND OF BUSINESS OR INDUSTRY B&O Rail Road		11. BIRTHPLACE (State or foreign country) Md.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME John O'Neill			
14. MOTHER'S MAIDEN NAME Mary Cummings		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes W.W. 1			
16. SOCIAL SECURITY NO. 705-05-2411		17. INFORMANT ADDRESS Mrs. Margaret Miller 3314 Elm Ave.			
18. 42211-1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED June 11, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 15, 53		24C. NAME OF CEMETERY OR CREMATORY Cathedral	
24D. LOCATION (City, town, or county) (State) Baltimore Md.		24E. FUNERAL DIRECTOR Frank A. Setz 814 W 36th St			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE			

922

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STANDARD OF EXCELLENCE

922

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO. 53 5463				BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 5463	
1. NAME OF DECEASED (Type or Print) Annie Stallknecht				2. DATE OF DEATH June 10, 1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland 1022 Brentwood Avenue				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1022 Brentwood Avenue				C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore			
C. Length of stay in Baltimore life				D. STREET ADDRESS (If rural, give location) 1022 Brentwood Avenue			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 9, 1867		9. AGE (In years last birthday) 86	10. Under 1 Year Months: Days: 10-01	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Riley				14. MOTHER'S MAIDEN NAME Katherine Mullenix			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT ADDRESS Harry Mallon (Son) 1022 Brentwood Ave.			
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardio-Vascular Disease				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized Arteriosclerosis							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Gangrene - left foot							
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4 June, 1953 , to 10 June, 1953 , that I last saw the deceased alive on 4 June, 1953 and that death occurred at 7:50 a.m. , from the causes and on the date stated above.							
23A. SIGNATURE Barnett Berman				23B. ADDRESS 2637 Loyola Southway		23C. DATE SIGNED 11 June 53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 13, 1953		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 12 1953		REGISTRAR'S SIGNATURE Washington Halliday, Jr.		25. FUNERAL DIRECTOR G. Russell Thomas		ADDRESS 4204 Leeds Avenue Baltimore 29, Md.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 5464**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Martha E. Moore**2. DATE
OF
DEATH**June 9, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **1145 N. Carey St.**

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE **Md**B. COUNTY **Baltimore**

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1145 N. Carey, Baltimore, Md.

c. Length of stay in Baltimore

45 Yrs - Yrs. Mos. Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

9. AGE (In years last birthday)

52

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Domestic

11. BIRTHPLACE (State or foreign country)

St. Marys Ct. d.12. CITIZEN OF WHAT COUNTRY?
U.S.A

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Lusy Rustin 1145 N. Carey St.18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Myocardial Insufficiency**

DUE TO

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Coronary Thrombosis**

DUE TO

?(C) **A.H.C.V.D****?**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 14, 1951** to **June 10, 1953**, that I last saw the deceased alive on **June 10, 1953**, and that death occurred at **10 P** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL OR CREMATION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

7208A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

REGISTRATION

1900

1901

1902

1903

1904

1905

1906

1907

1908

1909

1910

1911

1912

1913

1914

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 5465
Registered No.

5-300
53 5465

1. NAME OF DECEASED (Type or Print) <i>Samuel Scott</i>		2. DATE OF DEATH <i>June 11-1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore Md</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>857 Harlem Ave 7-03</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>857 Harlem Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Md</i>	
c. Length of stay in Baltimore <i>25</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>857 Harlem Ave</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE - MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Dec - - 52 yrs</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Florence S. Carolina</i>
13. FATHER'S NAME <i>Frank Scott</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Pauline Scott 837 Harlem Ave</i>		ADDRESS	
18. 421.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Arterio Sclerotic Disease</i> (A) DUE TO <i>Myocardial Infarction</i> (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>3 M</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>5-4</i> , 19 <i>52</i> , to <i>6-4</i> , 19 <i>53</i> that I last saw the deceased alive on <i>6-4</i> , 19 <i>53</i> , and that death occurred at <i>6:30 AM</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Charles J. Marshall</i>		23B. ADDRESS <i>857 Harlem Ave</i>	
23C. DATE SIGNED <i>6-11-53</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>June 15/53</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Mt Auburn</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>June 12 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
25. FUNERAL DIRECTOR <i>Brooke Ruggold</i>		ADDRESS <i>1463 N. Carey St.</i>	

VS 150

97099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

10-1



H-252

53 5466

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5466

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Hawkins

2. DATE
OF
DEATH

8 June 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 25-32

B. FULL NAME OF (If not in hospital or institution, give street address or location)

435 Roundview Road

D. STREET ADDRESS (If rural, give location)

435 Roundview Rd.

C. Length of stay in Baltimore

20YRS

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Unmarried

8. DATE OF BIRTH

OCT. 25, 1900

9. AGE (In years last birthday)

52YRS.

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

DOMESTIC

11. BIRTHPLACE (State or foreign country)

LaPlata, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Robert Reed

14. MOTHER'S MAIDEN NAME

ALICE BROWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

NO

(If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

Viola H. Jones

ADDRESS

435 Roundview

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

10 days.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardiovascular

DUE TO

disease.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 Feb, 1947, to 7 June, 1953 that I last saw the deceased alive on 7 June, 1953, and that death occurred at 5:45 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Donald B. Lyndon

23B. ADDRESS

501 Cherry Hill Road

23C. DATE SIGNED

8 June 53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

6/13/53

24C. NAME OF CEMETERY OR CREMATORY

MT. AUBURN CEM.

24D. LOCATION (City, town, or county)

BALTO. MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

CHARLES G. COOPER-512 CARROLLTON AV

ADDRESS

3227

3227

11/11/11

11/11/11

11/11/11

11/11/11

11/11/11

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 5467

Registered No. _____

53 5467

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Mrs. Annie Hare			2. DATE OF DEATH 6-10-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland 6420 Reisterstown Rd. B. FULL NAME OF (If not in hospital or institution, give street address or location) The Seton Institute			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-06 D. STREET ADDRESS (If rural, give location) 3520 Elm Ave., Baltimore, Md.		
c. Length of stay in Baltimore most of life Yrs. Mos. Days					
5. SEX F	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH March 24, 1892		9. AGE (In years last birthday) 61
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Alban			14. MOTHER'S MAIDEN NAME Frances Chenowith		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Cerebral hemorrhage DUE TO (B) Cerebral arteriosclerosis DUE TO + arterial hypertension (C) Schizophrenia	INTERVAL BETWEEN ONSET AND DEATH 6 weeks 10 years 12 years abt. 60y.
--	--	--

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept. 1934 to June 10, 1953 that I last saw the deceased alive on June 10, 1953 , and that death occurred at 305 m., from the causes and on the date stated above.					
23A. SIGNATURE Walter O. Johnson		23B. ADDRESS 4212 Patterson Ave.		23C. DATE SIGNED June 10, 53	
24A. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		24B. DATE June 13-1953		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge	
24D. LOCATION (City, town, or county) (State) Pikesville Maryland		25. FUNERAL DIRECTOR Horace F. Burgee			
DATE RECEIVED BY LOCAL REGISTRAR JUN 12 1953		REGISTRAR'S SIGNATURE Huntington Williams			

7302

82

STATEMENT OF HEALTH REPORTING
STATE OF CALIFORNIA

8202



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 5468**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BESSIE JACOBS

2. DATE OF DEATH

JUNE 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

4613 Park Heights Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-12

c. Length of stay in Baltimore

63 yrs.

Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)

3445 Cottage Avenue

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

1888

9. AGE (In years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

65

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
M Solomon Jacobs - 3445 Cottage Ave

18. **420.1 and 234X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Hypertensive Cardio-vascular disease - with cardiac degeneration + general anasarca**
DUE TO
(B) **general arteriosclerosis moderately severe**
DUE TO
(C) **with coronary sclerosis**

INTERVAL BETWEEN ONSET AND DEATH

4-5 years.
7
8-10 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Ovarian tumor, size of large watermelon, filling upper half of abdomen. Inoperable.

15 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 15, 1953** to **June 11, 1953** that I last saw the deceased alive on **6/11/53** and that death occurred at **11:00 p.m.** from the causes and on the date stated above.

23A. SIGNATURE

M Miller

23B. ADDRESS

1613 E Baltimore St

23C. DATE SIGNED

6-11-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 14/53

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Young Men's Club

24D. LOCATION (City, town or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Sol. Levine

ADDRESS

1124-26 W. North Ave

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 5469B-651
53 5469
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Barnabae Angelo</u>			2. DATE OF DEATH <u>6/11 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore Md.</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <u>Franklin Square Hospital.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 18-03</u>		
c. Length of stay in Baltimore <u>40</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>909 Hollins St.</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 28 1894</u>	9. AGE (In years last birthday) <u>58</u>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Shoe Maker</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>For Self</u>		11. BIRTHPLACE (State or foreign country) <u>Italy</u>
13. FATHER'S NAME <u>Nazzarene Barnabae</u>			14. MOTHER'S MAIDEN NAME <u>Unknown</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give War or dates of service) <u>yes - World War I</u>			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Mrs Fannie Barnabae Hollins</u>			ADDRESS <u>909 St.</u>		

18. <u>420.1</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) <u>Acute coronary insufficiency</u>			INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) <u>Arteriosclerotic C. V. disease</u>				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO (C)				
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>6/11</u> , 19 <u>53</u> , to <u>6/11</u> , 19 <u>53</u> that I last saw the deceased alive on <u>6/11</u> , 19 <u>53</u> , and that death occurred at <u>8:34 A. M.</u> , from the causes and on the date stated above.				
23A. SIGNATURE <u>D. Schirmer</u> M. D.		23B. ADDRESS <u>Franklin Square H. Spital</u>		23C. DATE SIGNED <u>6/11 53</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>6/15/53</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Holy Redeemer Cem.</u>	24D. LOCATION (City, town, or county) (State) <u>4450 Belair Rd.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 12 1953</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	25. FUNERAL DIRECTOR <u>John J. Gorman</u> ADDRESS <u>54 Hollins St.</u>		

10000 24

RECEIVED BY THE OFFICE OF THE
COMMISSIONER OF THE GENERAL LAND OFFICE

10000 24



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 5470**

53 5470

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alice Gross

2. DATE
OF
DEATH

6/9/1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2424 Harlem Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto. 16-05

D. STREET ADDRESS (If rural, give location)

2424 Harlem Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female Col.

6. COLOR OR RACE

7. SINGLE, MARRIED,

Widowed

8. DATE OF BIRTH

July 21, 1882

9. AGE (In years
last birthday)

70

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Benjamin Meads

14. MOTHER'S MAIDEN NAME

Mary Tilman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Elizabeth M. Laren

ADDRESS *2424 Harlem Ave*

18. *600.0*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

*Cyelo-hepatic
Hepatitis
Endocarditis*

INTERVAL BETWEEN
ONSET AND DEATH

*4 mos
4 mos
3 weeks*

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *5/17-53* to *6/9-53*, that I last saw the
deceased alive on *6/8-53*, and that death occurred at *7 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Frank R. Blake

23. ADDRESS

1603-N. Caroline

23C. DATE SIGNED

6-12-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/13/1953

24C. NAME OF CEMETERY OR CREMATORY

Wm. C. Cullen Cmt. Balto. Md.

24D. LOCATION (City, town or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mrs. Kate R. Williams

ADDRESS

322A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly and fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

100-200000

DEPARTMENT OF HEALTH
STATE OF NEW YORK
BUREAU OF VITAL STATISTICS

100-200000

100-200000

100-200000

100-200000

100-200000

100-200000

100-200000

100-200000

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B-550

53 5471

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 5471

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Anne M. Banahan</i>			2. DATE OF DEATH <i>June 10, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>8-03</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Harford Nursing Home</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Md.</i>		
C. Length of stay in Baltimore <i>55 yrs.</i>			D. STREET ADDRESS (If rural, give location) <i>2642 E. Chase St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Jan 23/1879</i>	9. AGE (in years last birthday) <i>74</i>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>none</i>		
13. FATHER'S NAME <i>Thomas Banahan</i>			14. MOTHER'S MAIDEN NAME <i>Agnes M. Laughlin</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <i>none</i>		
17. INFORMANT <i>Mrs. Agnes Brady</i>			ADDRESS: <i>2536 Harford Rd.</i>		
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Coronary Thrombosis</i> DUE TO (B) <i>Atherosclerotic Cardio</i> DUE TO (C) <i>Vascular Disease</i> INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i> <i>1 year</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5 June</i> , 1953, to <i>10 June</i> , 1953, that I last saw the deceased alive on <i>10 June</i> , 1953, and that death occurred at <i>6:15 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Oliver W. Edmunds</i>		23B. ADDRESS <i>2746 The Alameda</i>		23C. DATE SIGNED <i>11 June - 53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>6/15/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>		24E. FUNERAL DIRECTOR <i>Rita Wiedefeld</i>		ADDRESS <i>E. Biddle St</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 12 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

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No. 1000

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 5472**

53 5472

BIRTH NO.

1. NAME OF DECEASED (Type or Print) PIOTR STEC			2. DATE OF DEATH JUNE 11, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTO. MD					
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 12 N. LUZERNE AVE.					
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 6-02					
D. STREET ADDRESS (If rural, give location) 12 N. LUZERNE AVE					
c. Length of stay in Baltimore Yrs. Mos. Days					
5. SEX M.	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 13, 1900	9. AGE (In years, last birthday) 62	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST			10B. KIND OF BUSINESS OR INDUSTRY RAILROAD		
11. BIRTHPLACE (State or foreign country) POLAND			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME JACOB STEC			14. MOTHER'S MAIDEN NAME CATHERINE BARAN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO			16. SOCIAL SECURITY NO. 705-03-9318		
17. INFORMANT MRS. A. STEC			ADDRESS 12 N. LUZERNE AVE		

18. **420.0 and 260X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 11, 1953** to **June 11, 1953** that I last saw the deceased alive on **June 11, 1953** and that death occurred at **11:00 A.M.** from the causes and on the date stated above.

23A. SIGNATURE Donald W. Muntzer	23B. ADDRESS 309 E. Rogers Ave	23C. DATE SIGNED 6/12/53
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24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 6-15-53	24C. NAME OF CEMETERY OR CREMATORY ST. STANISLAUS	24D. LOCATION (City, town, or county) (State) BALTIMORE MD.
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DATE RECEIVED BY LOCAL REGISTRAR JUN 12 1953	REGISTRAR'S SIGNATURE Huntington	25. FUNERAL DIRECTOR R. DABROWSKI	ADDRESS 2818 E BALTIMORE ST.
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* **PT. 50** under Care of **Z. R. Morgan 54450**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly supplied. correct age especially important. Physicians: please write the causes of death clearly and legibly.

100-100000

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

100-100000



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53

5473

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5473

1. NAME OF DECEASED (Type or Print) JOHN F. MILLER			2. DATE OF DEATH June 10, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2506 E. Fayette St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec. 23-1882		9. AGE (in years last birthday) 70
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Ship Joiner Coast Guard		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Balto., Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Joseph Miller			14. MOTHER'S MAIDEN NAME Barbara		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Bertha D. Miller 2506 E. Fayette St.		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease			INTERVAL BETWEEN ONSET AND DEATH
DUE TO			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
DUE TO			
DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .			
23A. SIGNATURE R. Fisher	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED June 11, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 13/53	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem	24D. LOCATION (City, town, or county) (State) Balto., Md.
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Huntington Williams	FUNDING DIRECTOR John E. Miller 2334 Jefferson St	

WPA 64

WPA 64



From H. Miller to Hoffman

R-500
53 5474BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5474
Registered No.

1. NAME OF DECEASED (Type or Print) NEVADA G. RYAN			2. DATE OF DEATH June 10, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland 10 S. Kresson St.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 10 S. Kresson St.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 25, 1896	9. AGE (In years last birthday) 56	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Don't know			14. MOTHER'S MAIDEN NAME Anna Hill		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS Walter W. Ryan, Sr. 10 S. Kresson St.		
18. 157X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Coronary f. Disease</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. INTERVAL BETWEEN ONSET AND DEATH					
19A. DATE OF OPERATION June 10, 1953		19B. MAJOR FINDINGS OF OPERATION <i>Co. f. heart f. Disease</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>June 6/9</i> , 1953, to <i>6/10</i> , 1953, that I last saw the deceased alive on <i>6/9</i> , 1953, and that death occurred at <i>9:00</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>J. H. Gardner</i>		23B. ADDRESS <i>500 E. Bickel</i>		23C. DATE SIGNED <i>6/11/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 15, 1953		24C. NAME OF CEMETERY OR CREMATORY Glan Haven Memorial Park	
24D. LOCATION (City, town, or county) (State) Glen Burnie, Md.		24E. NAME OF CEMETERY OR CREMATORY Glan Haven Memorial Park		24F. LOCATION (City, town, or county) (State) Glen Burnie, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 12 1953		REGISTRAR'S SIGNATURE <i>Thurtington</i>		25. FUNERAL DIRECTOR Ullrich Funeral Home 2008 Orleans St.	

University of Chicago

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University of Chicago

University of Chicago
Library
Chicago, Ill.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 5475
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ROSE MARY REEVES

2. DATE
OF
DEATH

JUNE 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

MERCY HOSPITAL, INC.

C. CITY OR TOWN (If outside corporate limits, write R.U.A.C. and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

HOUSE OF GOOD SHEPHERD, CALVERTON RD + FRANKLIN ST.

C. Length of stay in Baltimore

YEARS

5. SEX

FEMALE

6. COLOR OR RACE

COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

8-10-04

9. AGE (In years last birthday)

48

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

DOMESTIC

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

SOUTH CAROLINA

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

FELIX REEVES

14. MOTHER'S MAIDEN NAME

MANDE SINGLETON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

HOSPITAL RECORDS

18. **002X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **PULMONARY TUBERCULOSIS**

YEARS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **BLEEDING GASTRIC ULCER**

1 WEEK

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **JUNE 2, 1953**, to **JUNE 11, 1953**, that I last saw the deceased alive on **JUNE 11, 1953**, and that death occurred at **5:40 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Joseph J. Michels

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

6-11-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/13/53

24C. NAME OF CEMETERY OR CREMATORY

St. Peters

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

George L. Schwalb 2101 Oak Ave.

VS 150

720FA

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



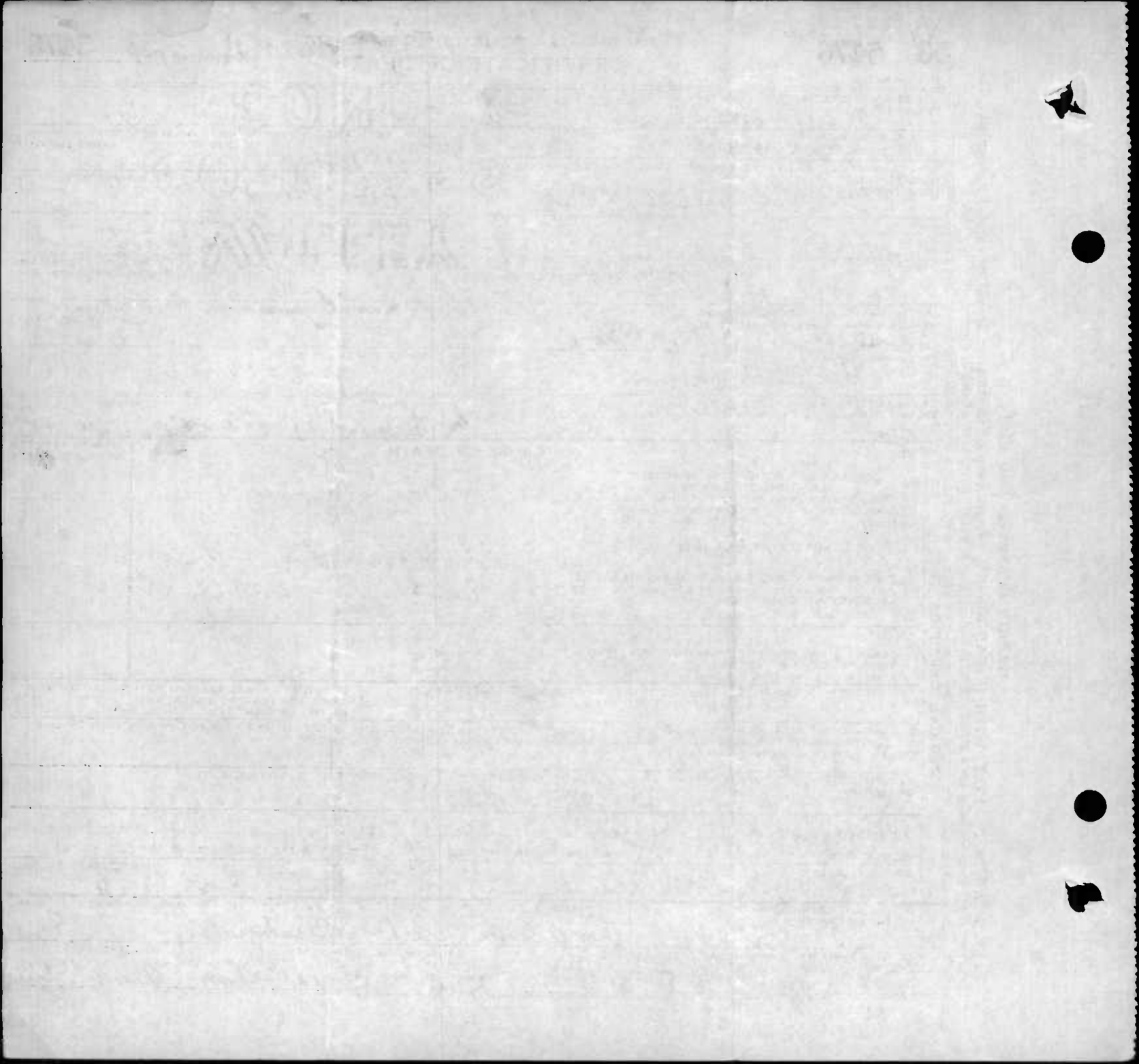
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-426
53 5476BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5476

BIRTH NO.		1. NAME OF DECEASED (Type or Print) WALKER, EUNICE		2. DATE OF DEATH 6/10/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD B. COUNTY Howard			
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ellicott City			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) Howard Apartment			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 9/13/87	9. AGE (in years last birthday) 65
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) MD	
13. FATHER'S NAME Richard Brown		14. MOTHER'S MAIDEN NAME Mary Whipp			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT ADDRESS M. German Daughter Ellicott City	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiac failure		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerosis C.V.D. Possible Coronary Thrombosis					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6/10, 1953 to 6/10, 1953 , that I last saw the deceased alive on 6/10, 1953 and that death occurred at 6:55 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE George P. Alderman M.D.		23B. ADDRESS University Hosp.		23C. DATE SIGNED 6/10/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-13-53		24C. NAME OF CEMETERY OR CREMATORY Lentichum Chapel	
24D. LOCATION (City, town, or county) (State) Clarksville Md		25. FUNERAL DIRECTOR R. G. Byington		ADDRESS Ellicott City	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Thos. F. Nolan			



J-612
53 5477

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5477

BIRTH NO.			1. NAME OF DECEASED (Type or Print) MEDARD MARY GRUBOWSKI			2. DATE OF DEATH June 12, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY					
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 410 S. Dallas Street			C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore					
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 410 S. Dallas Street					
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 27, 1931			9. AGE (In years, last birthday) 21		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookbinding			10B. KIND OF BUSINESS OR INDUSTRY Gering Printing			11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME Stephen Steven Grubowski					
14. MOTHER'S MAIDEN NAME Mary Guzinski			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)					
16. SOCIAL SECURITY NO. 218-26-4372			17. INFORMANT ADDRESS Steven Grubowski, 410 S. Dallas Street					

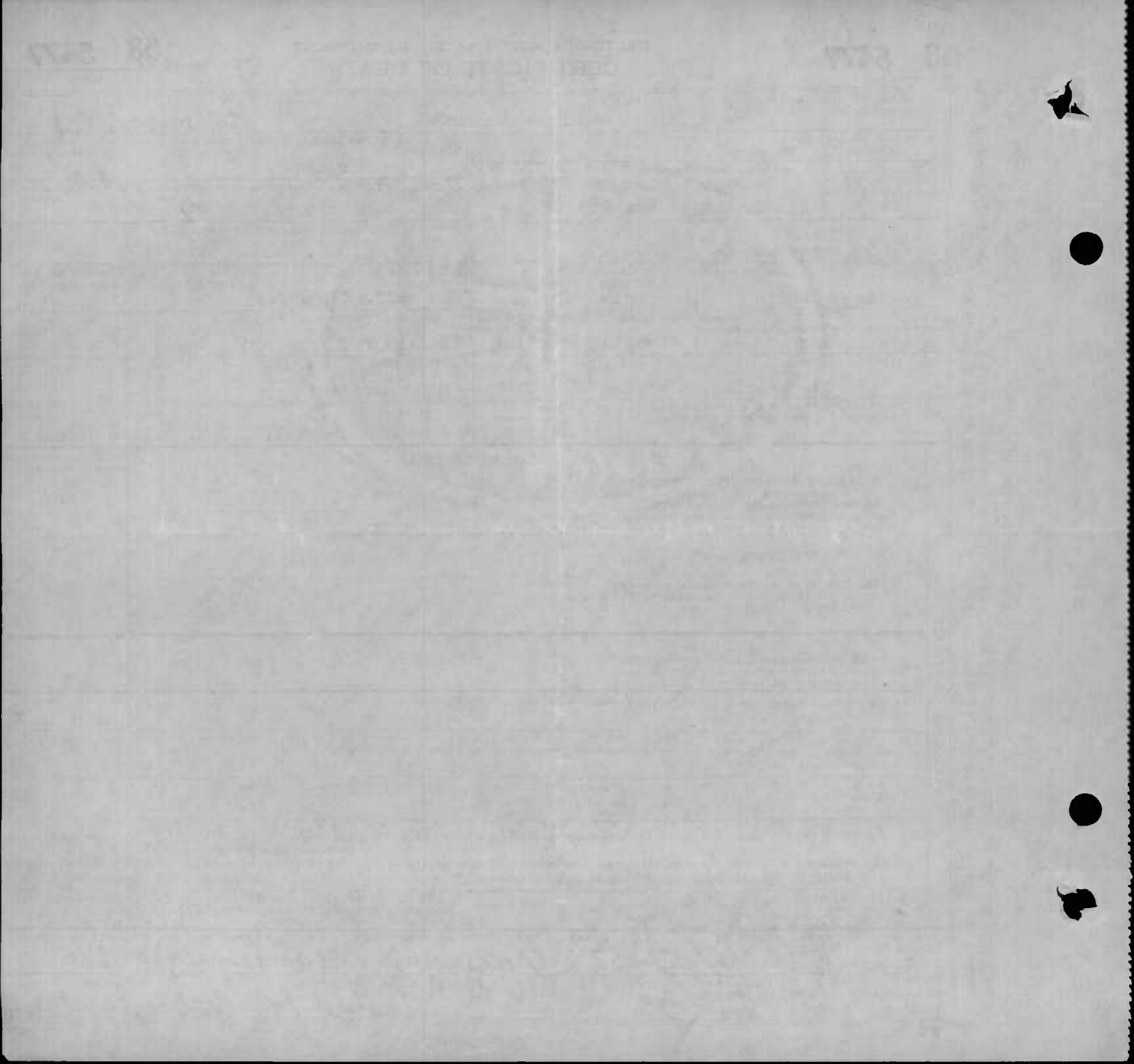
18. 253.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Epilepsy (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William V. Spatt		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED June 12, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/13/53		24C. NAME OF CEMETERY OR CREMATOR ST. STANISLAUS	
24D. LOCATION (City, town, or county) (State) BALTIMORE MARYLAND		24E. FUNERAL DIRECTOR George R. Weber		24F. ADDRESS 705 S. Bay	
DATE RECEIVED BY LOCAL REGISTRAR JUN 12 1953		REGISTRAR'S SIGNATURE Huntington Williams		5024M	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5478

53 5478

BIRTH NO.

1. NAME OF DECEASED (Type or Print) RALPH JAMES TAYLOR			2. DATE OF DEATH 6-11-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Chesapeake B. COUNTY Baltimore		
5. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. 44 Mos. 12-01 Days			D. STREET ADDRESS (If rural, give location) 4104 N. Charles St.		
5. SEX Male	6. COLOR OR RACE W white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W. Married	8. DATE OF BIRTH Jan 26, 1866	9. AGE (In years last birthday) 87	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Executive		10B. KIND OF BUSINESS OR INDUSTRY Ship Chandlers		11. BIRTHPLACE (State or foreign country) Virginia	
13. FATHER'S NAME Colemore Taylor			12. CITIZEN OF WHAT COUNTRY? American		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. 220-07-5770		
14. MOTHER'S MAIDEN NAME Elizabeth Dennis Robin			17. INFORMANT Mr. Malcolm Taylor - 229 N. 26th St. Camp Hill, Pa.		

18. E902.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Pulmonary Embolism due to fracture of right DUE TO CERTIFICATION APPROVED B. H. Fisher M.D. CHIEF OR ASST. MEDICAL EXAMINER. Pneumonia, right upper lobe INTERVAL BETWEEN ONSET AND DEATH 45 min 2 weeks?		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION none	19B. MAJOR FINDINGS OF OPERATION about home	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) none	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) about home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 4104 N. Charles St 12/1
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY June 3 1953	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Fell out of bed at home
22. I hereby certify that I attended the deceased from June 7, 1953 , to June 11, 1953 , that I last saw the deceased alive on 6-11, 1953 , and that death occurred at 11:28 A.M. , from the causes and on the date stated above.		
23A. SIGNATURE David H. Smith M. D.	23B. ADDRESS Union Memorial Hospital	23C. DATE SIGNED 6-11-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/13/53	24C. NAME OF CEMETERY OR CREMATORY Green Mount Cem.
24D. LOCATION (City, town, or county) (State) Balto., Md.	25. FUNERAL DIRECTOR Huntington Williams, M.D. Am. St. Pickens & Sons Balto 17, Md.	

8778

CENTRAL STATE OF TEXAS



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 5479**

GT-240
53 5479

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) JOHN H. JOECKEL		2. DATE OF DEATH June 11, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Paul Convalescent Home 2305 St. Paul St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 3306 Clifton Ave.	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 1, 1880
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman (Rtd)		10B. KIND OF BUSINESS OR INDUSTRY Wholesale Mdse.	9. AGE (In years, last birthday) 73
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? ✓	
13. FATHER'S NAME Unknown Joeckel		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Mrs. Anita Weller - Hopkins Apts.		ADDRESS _____	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Broncho-pneumonia DUE TO _____		INTERVAL BETWEEN ONSET AND DEATH 4 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive cardio vascular disease. DUE TO _____		July 15, 1945
Cerebral hemorrhage with hemiplegia right side. DUE TO _____		Feb. 19, 1950.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED _____	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from 7/15/1945 , 19____, to June 11, 1953 that I last saw the deceased alive on 6/10/1953 , and that death occurred at 5 A. m. , from the causes and on the date stated above.			
23A. SIGNATURE <i>Harry Leibel</i> M. D.		23B. ADDRESS 1226 Hanover St.	23C. DATE SIGNED 6/11/53.
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/13/53	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR June 12 1953		REGISTRAR'S SIGNATURE <i>Huntington W. Leibel</i>	
25. FUNERAL DIRECTOR <i>Wm. J. Lickner & Sons</i>		ADDRESS Baeto 17, Md.	

VS 150
49068

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

DATE OF DEATH
1 MAY

1919

1919

1919

THIS CERTIFICATE IS TO BE FILED IN THE OFFICE OF THE HEALTH COMMISSIONER, BALTIMORE CITY, MARYLAND, AND IN THE OFFICE OF THE STATE COMMISSIONER OF HEALTH, ANNAPOLIS, MARYLAND.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-100 53 5480 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 5480	
1. NAME OF DECEASED (Type or Print) GEORGE F. HOPPE			2. DATE OF DEATH June 10, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2835 Riggs Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 12, 1884	9. AGE (In years, last birthday) 69	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt.			10B. KIND OF BUSINESS OR INDUSTRY Paper Boxes		11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME Theodore F. Hoppe		
14. MOTHER'S MAIDEN NAME Margaret M. Liedig			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Mrs. Minnie M. Hoppe - 2835 Riggs Ave.		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary arteriosclerosis, marked, with stenosis of left			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Healed myocardial infarcts, left					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pulmonary edema, bilateral					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William J. Picknow</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED June 11, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/13/53		24C. NAME OF CEMETERY OR CREMATORY Western Cem.	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
24G. DATE RECEIVED BY LOCAL REGISTRAR		24H. REGISTRAR'S SIGNATURE <i>Wm. J. Picknow</i>		24I. REGISTRAR'S ADDRESS Balto 17, Md.	

0012

53

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

1964

Wanda P. [unclear] m. 1962
Rochester, N. Y.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-420
53 5481
 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 5481**

I. NAME OF DECEASED
 (Type or Print) **GRACE M. SHEELEIGH**

2. DATE OF DEATH
June 11, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE **N. J.** **B. COUNTY** **V-27**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Maplewood

D. STREET ADDRESS (If rural, give location)
658 Ridgewood Rd.

5. SEX **Female** **6. COLOR OR RACE** **White** **7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)** **Single**

8. DATE OF BIRTH **Oct. 3, 1872** **9. AGE (In years, last birthday)** **80** **10. Under 1 Year** **Months: Days** **11. Under 24 Hours** **Hours: Min.**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **never worked** **10B. KIND OF BUSINESS OR INDUSTRY** **none**

11. BIRTHPLACE (State or foreign country) **?** **12. CITIZEN OF WHAT COUNTRY?**

13. FATHER'S NAME **Matthias Sheeleigh** **14. MOTHER'S MAIDEN NAME** **Margaret Sabina**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **no** **16. SOCIAL SECURITY NO.** **no** **17. INFORMANT** **Mr. Sidney Harvey-Box 327, Smith Town Long Island, N. Y.** **ADDRESS**

18. 422.1 **CAUSE OF DEATH** **INTERVAL BETWEEN ONSET AND DEATH**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
 (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) **Ch. mycocarditis** **Indefinite**

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. **Generalized arteriosclerosis** **Indefinite**

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0** **19B. CONDITION FOR WHICH OPERATION WAS PERFORMED** **IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II** **20. AUTOPSY?** **YES** ☐ **NO** ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) **21B. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.) **21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?**

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY **21E. INJURY OCCURRED** **WHILE AT WORK** ☒ **NOT WHILE AT WORK** ☐ **21F. HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from **1939** **to** **June 10, 1953** **that I last saw the deceased alive on** **June 9, 1953** **and that death occurred at** **6 A. m.** **from the causes and on the date stated above.**

23A. SIGNATURE **Nathaniel M. Bick** **23B. ADDRESS** **2818 St Paul St Balt.** **23C. DATE SIGNED** **June 11-53**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Removal** **24B. DATE** **6/13/53** **24C. NAME OF CEMETERY OR CREMATORY** **Union Cemetery** **24D. LOCATION (City, town, or county) (State)** **White Marsh, Pa.**

DATE RECEIVED BY LOCAL REGISTRAR **REGISTRAR'S SIGNATURE** **Huntington Williams** **25. FUNERAL DIRECTOR** **ADDRESS** **Mr. J. Pickney & Sons** **Balto. 17, Md.**

VS 150

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

DATE OF DEATH
TIME

19

DEPARTMENT OF HEALTH

RECEIVED

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-250

53 5482

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5482

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PAT McCAIN (PATRICIA)

2. DATE
OF
DEATH

6-11-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

D. STREET ADDRESS (If rural, give location)

1505 Mountmor Ct

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

5/9/44

9. AGE (In years
last birthday)

9

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Child

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

James McCain

14. MOTHER'S MAIDEN NAME

Elenore Talley

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give year or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

Elenore McCain

ADDRESS

1505

18. 401.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Pulmonary Embolus or Edema
DUE TO Myocardial Infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Congestive Heart Failure
DUE TO Mitral Stenosis
(C) Acute Rheumatic Fever

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1/53, 1953 to 6/11, 1953, that I last saw the
deceased alive on 6/10, 1953, and that death occurred at 1:35 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Ray Boyer

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

6-11-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/15/53

24C. NAME OF CEMETERY OR CREMATORY

Arbutus

24D. LOCATION (City, town, or county) (State)

Arbutus, Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

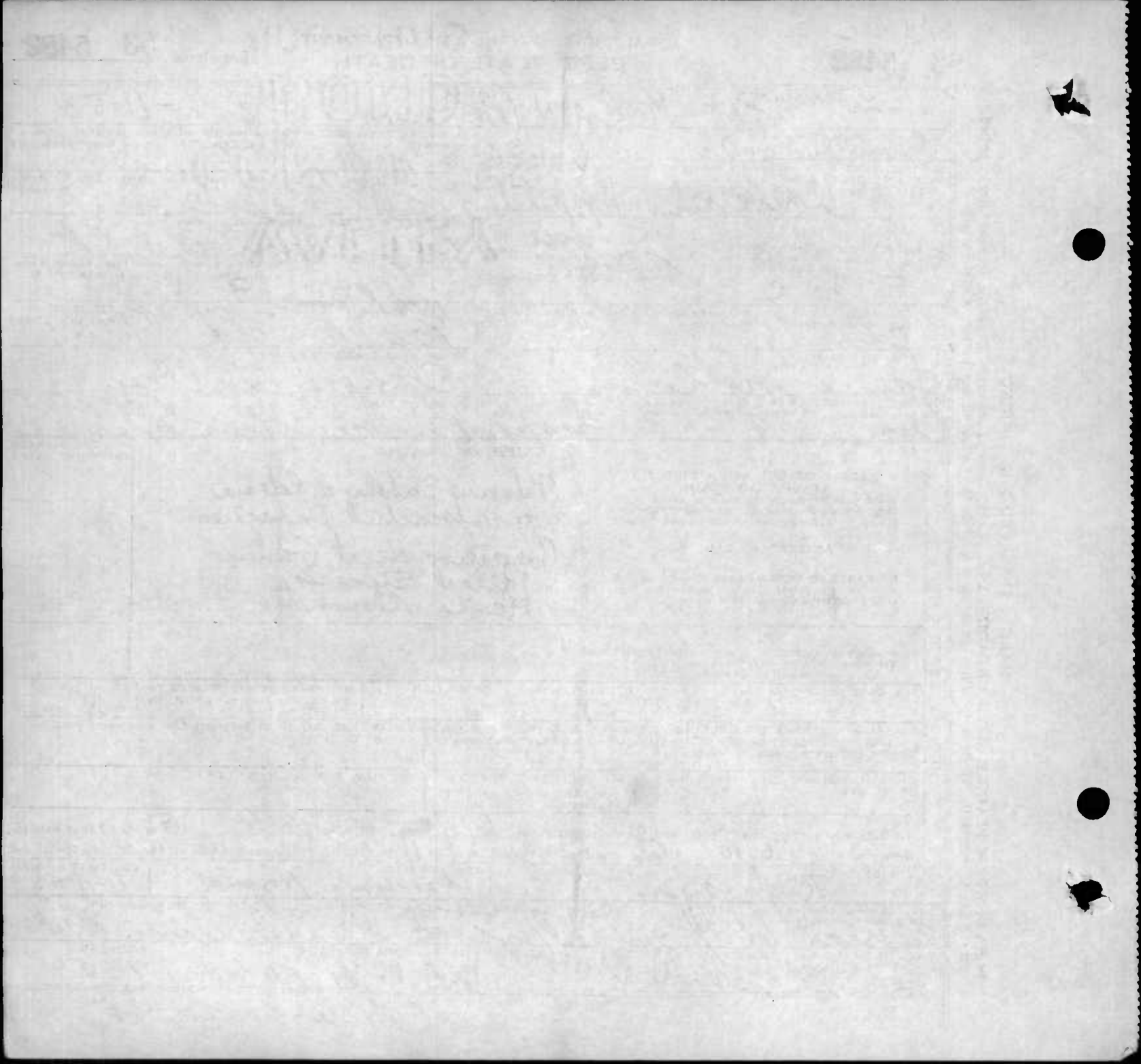
25. FUNERAL DIRECTOR

H. Kelton 1303

ADDRESS

1303

Cressman St



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 5483

F 200

53 5483 53-12314

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Fuchs, Baby Boy

2. DATE
OF
DEATH

June 1, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5002 Ross Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

June 1, 1953

9. AGE (In years, last birthday)

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

4 10

10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Carroll John Fuchs

14. MOTHER'S MAIDEN NAME

Catherine Marie Vanek

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 762.5

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Atelectasis, lungs, bilateral

CHECK

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Polycystic disease, kidneys

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Prematurity

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1953 to June 1, 1953, that I last saw the deceased alive on June 1, 1953, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

R. Paul Coffey Jr.

M. D.

23B. ADDRESS

1100 N. Caroline Street

23C. DATE SIGNED

June 1, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

6-14-53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redemptor

24D. LOCATION (City, town, or county)

Balto

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Buck 5305 Harford

1951

1952

RECORDS OF THE

RECORDS OF THE

1953

1954

1955



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-655
53 5484 BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH Registered No. **53 5484**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) *Ilda M. German*

2. DATE OF DEATH *June 11/1953*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE *MD* **B. COUNTY**

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
JOHNS HOPKINS HOSPITAL

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 1-02

7. STREET ADDRESS (If rural, give location)
25 S. Curley St.

8. Length of stay in Baltimore *60* Yrs. Mos. Days

9. SEX *Female* **10. COLOR OR RACE** *white*

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *MARRIED*

12. DATE OF BIRTH *APRIL 12, 1888*

13. AGE (In years last birthday) *65* **14. Under 1 Year** Months: Days **15. Under 24 Hours** Hours: Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

17. BIRTHPLACE (State or foreign country)
GERMANY

18. CITIZEN OF WHAT COUNTRY? *U.S.A.*

19. FATHER'S NAME *Amiel Koch*

20. MOTHER'S MAIDEN NAME *Unknown*

21. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) *No* **22. SOCIAL SECURITY NO.** *None*

23. INFORMANT ADDRESS *JOHNS HOPKINS HOSPITAL*

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
 (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)
190X Malignant Melanoma with metastases

ANTECEDENT CAUSES
 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *6-10-53* **19B. CONDITION FOR WHICH OPERATION WAS PERFORMED** *1953*

19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II **20. AUTOPSY?** YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) **21B. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) **21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?**

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY **21E. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **21F. HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 6-10-53 to 6-11-53, that I last saw the deceased alive on 6-11-53, and that death occurred at 7:00 AM, from the causes and on the date stated above.

23. SIGNATURE *George A. Edwards, M.D.* **23B. ADDRESS** *JOHNS HOPKINS HOSPITAL* **23C. DATE SIGNED** *6-11-53*

24A. BURIAL, CREMATION, REMOVAL (Specify) *BURIAL* **24B. DATE** *JUNE 15, 1953* **24C. NAME OF CEMETERY OR CREMATORY** *OAKLAWN Cemetery* **24D. LOCATION (City, town, or county) (State)** *Eastern Ave, BALTI., MD*

DATE RECEIVED BY LOCAL REGISTRAR *June 12, 1953* **REGISTRAR'S SIGNATURE** *Huntington Williams* **25. FUNERAL DIRECTOR** *John A. Moran* **ADDRESS** *3000 E BALTIMORE ST BALTI., MD*

VS 150

1900

STATE OF TEXAS

1900



PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age especially important. Physicians: please write the causes of death clearly and legibly.

Medical Examiner's Base				BALTIMORE CITY HEALTH DEPARTMENT		Registered No. 53 5485	
BIRTH NO. 53 5485				CERTIFICATE OF DEATH			
1. NAME OF DECEASED (Type or Print) ROBERT PETROSKY				2. DATE OF DEATH 6-11-53			
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto - Md 26-34			
c. Length of stay in Baltimore Life				O. STREET ADDRESS (If rural, give location) 1109 Quantrel Way			
5. SEX M	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Infant		8. DATE OF BIRTH 3-29-52		9. AGE (In years last birthday) 14	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Balto -		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Petrosky				14. MOTHER'S MAIDEN NAME Louise Zeller			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT John Petrosky - same ADDRESS			
18. E917.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)				CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES				(A) Cerebral embolism?		5 hr.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				(B) Shaken deliquation		5 hr.	
				(C) 1st° Burn - 403 Baby		12 hr.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 7				19B. MAJOR FINDINGS OF OPERATION			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH				21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1109 Quantrel Way 26/34	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 6-10-53 6:00 P.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? fallen over fryrite sustained			
22. I hereby certify that I attended the deceased from 6-10-53 19, to 6-11-53 19, that I last saw the deceased alive on 6-11-53 19, and that death occurred at 5:15 a.m., from the causes and on the date stated above.							
23A. SIGNATURE Marion Reptunick M.O.				23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 6-11-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-13-53		24C. NAME OF CEMETERY OR CREMATORY Schwartz's		24D. LOCATION (City, town, or county) (State) Balto - Md	
OATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington		25. FUNERAL DIRECTOR 449 N Zellerbach		ADDRESS 403 Street	

38-0485

38-0485

CONFIDENTIAL
FROM
SECRET

CONFIDENTIAL

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-125

53 5486

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 53 5486

1. NAME OF DECEASED (Type or Print) Nellie P. Hopkins			2. DATE OF DEATH June 12, 1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Massachusetts b. COUNTY V-18		
b. FULL NAME OF HOSPITAL OR INSTITUTION Pine Ridge Nursing Home 4703 Hampnett Avenue			c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Newton		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 11 Willard Street		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH August 29, 1878	9. AGE (In years last birthday) 74	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. School Teacher			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME Philemon T. Price		
14. MOTHER'S MAIDEN NAME Augusta Legg			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS William E. Hopkins, 909 W. University Pkwy		
18. 722.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) RHEUMATOID ARTHRITIS - MARKED DEFORMITY - ANKYLOSIS ALL JOINTS			CAUSE OF DEATH (A) RHEUMATOID ARTHRITIS - MARKED DEFORMITY - ANKYLOSIS ALL JOINTS (B) (C) INTERVAL BETWEEN ONSET AND DEATH		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. HYPOSTATIC PNEUMONIA ARTERIO SCLEROSIS GENERALIZED			II OTHER SIGNIFICANT CONITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 9 APRIL 30, 1946 to 12 June , 19 53 , that I last saw the deceased alive on 12 June , 19 53 , and that death occurred at 4 AM m., from the causes and on the date stated above.			
23a. SIGNATURE Wm. E. Hopkins		23b. ADDRESS 512 Cathedral St		23c. DATE SIGNED 12 June 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6/14/53		24c. NAME OF CEMETERY OR CREMATORY Stevensville Cemtery	
24d. LOCATION (City, town, or county) (State) Stevensville, Maryland		25. FUNERAL DIRECTOR ADDRESS 1217 St. Paul Street			

June 12, 1951

Mr. J. H. [unclear]

Dear Mr. [unclear]:

I am [unclear] [unclear] [unclear]

Very [unclear]

Sincerely,

[unclear]

[unclear]

[unclear]

[unclear]

[unclear]

[unclear]

[unclear]

[unclear]

[unclear]

[unclear]

[unclear]

MARGIN RESERVED FOR BINDING

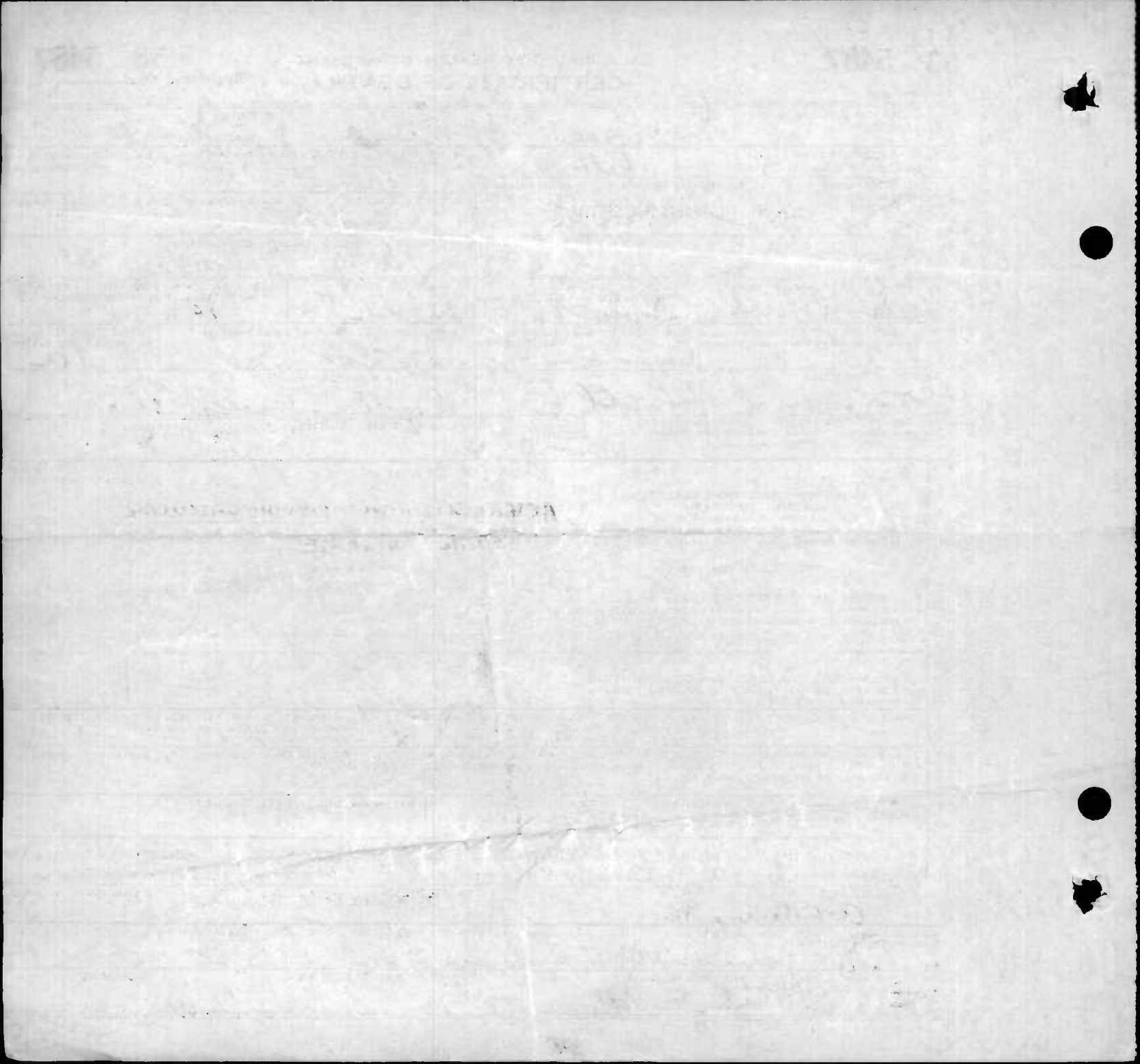
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

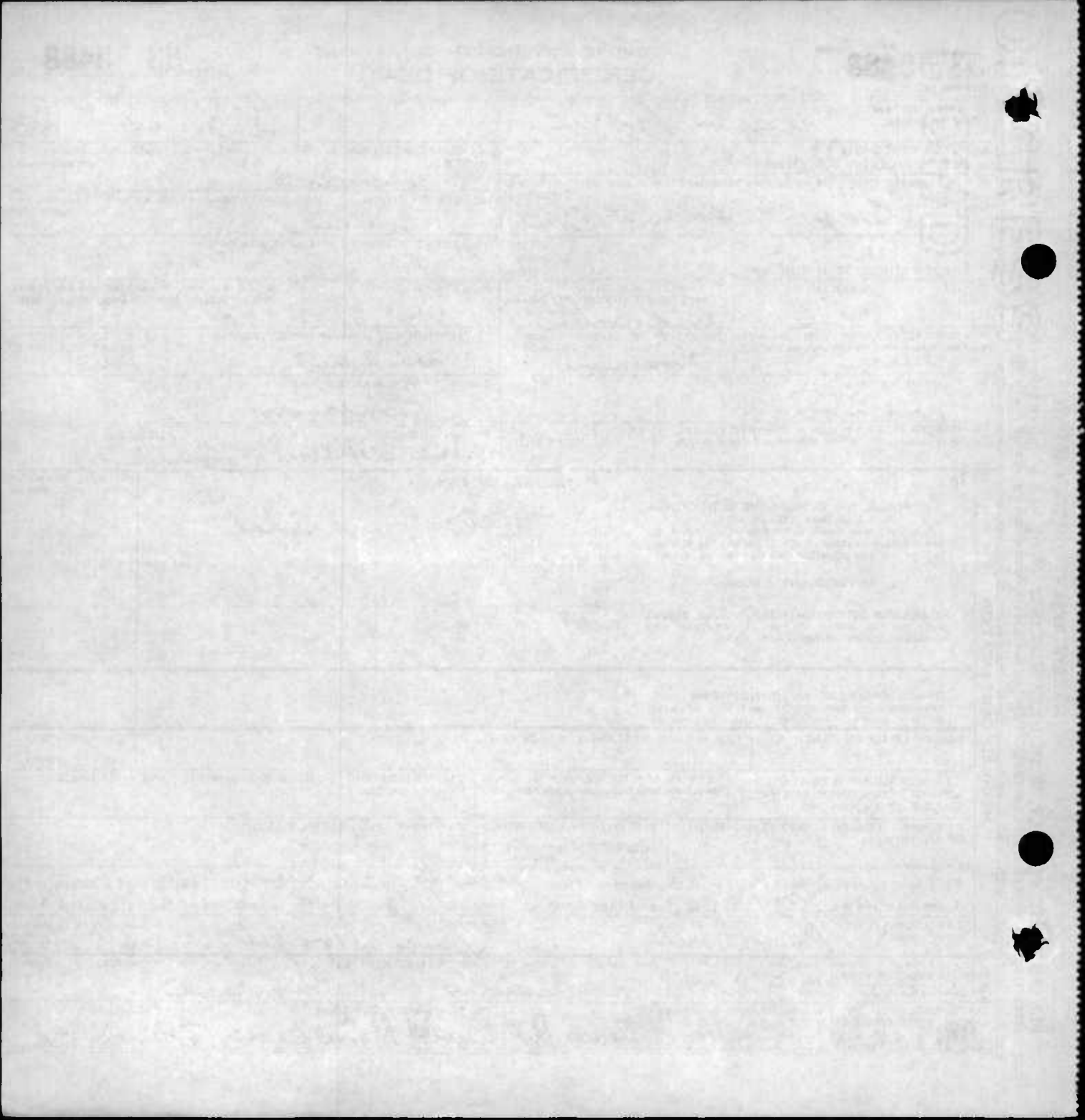
H-400
53 5487BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5487
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		James Hall		June 10 - 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE			
JOHNS HOPKINS HOSPITAL		Md			
C. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
5. SEX		D. STREET ADDRESS (If rural, give location)			
male		1236 Edythe St			
6. COLOR OR RACE		E. DATE OF BIRTH			
Colored		12-27-82			
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		9. AGE (In years last birthday)			
Single		70			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Soldier				Baltimore Md	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
Edward Hall		Sydia Headley		U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT	
		218-AF-9989		JOHNS HOPKINS HOSPITAL	

18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE		DUE TO			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-20 to 6-10, 1953, that I last saw the deceased alive on 6-10, 1953 and that death occurred at 11 A.M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
A. H. Owens, Jr.		JOHNS HOPKINS HOSPITAL			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		June 12-53		Int Calvary Cem A.C. Co Md	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Huntington Williams		Robert Williams		1010 N. E. St	





MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 5489		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 5489 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) Alice Davis			2. DATE OF DEATH 6-8-53		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION 31 Baltimore City Hospital 4940 Eastern Ave			c. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore		
c. Length of stay in Baltimore 52 Yrs.			d. STREET ADDRESS (If rural, give location) Baltimore City Hospital 4940 Eastern Ave		
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Dec. 27. 1895	9. AGE (In years last birthday) 58	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Va			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Isaac Smith			14. MOTHER'S MAIDEN NAME Elsie ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS (Records B.C.H. 4940 Eastern Ave)		
18. 092X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Infectious Hepatitis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION 0		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		19c. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-4- , 19 46 , to 6-8- , 19 53 , that I last saw the deceased alive on 6-8-53 , and that death occurred at 12.10am from the causes and on the date stated above.					
23a. SIGNATURE H. J. Jones		23b. ADDRESS 4940 Eastern Ave		23c. DATE SIGNED 6-8-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/13/53		24c. NAME OF CEMETERY OR CREMATORY mt. Auburn	
24d. LOCATION (City, town, or county) (State) Albany, N.Y.		25. FUNERAL DIRECTOR A. C. Halstead - 918 - Albany Hill Ave.			
DATE RECEIVED BY LOCAL REGISTER JUN 13 1953		REGISTERED SIGNATURE Huntington Williams, M.D.			
VS 150					

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THE UNIVERSITY OF CHICAGO
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 5490

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5490

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Hess, Alice*2. DATE
OF
DEATH*6/13/53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*38 University Hospital*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Fallston

D. STREET ADDRESS (If rural, give location)

6200

c. Length of stay in Baltimore

*4*Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

*W*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*married*

8. DATE OF BIRTH

*Jan 5 1970*9. AGE (In years
last birthday)*83*10 Under 1 Year
Months Days*5 7*11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Housewife*10B. KIND OF BUSINESS OR
INDUSTRY*-*

11. BIRTHPLACE (State or foreign country)

*Wheel Norfolk ind*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John H Middleburg

14. MOTHER'S MAIDEN NAME

*Cassandra Everett*15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*240*16. SOCIAL
SECURITY NO.*-*

17. INFORMANT

ADDRESS

Harry F Hess Fallston ind

18.

331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebro-vascular accident

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

in.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6/8* 19*53* to *6/13* 19*53*, that I last saw the
deceased alive on *6/12* 19*53*, and that death occurred at *12:30* a.m., from the causes and on the date stated above.

23A. SIGNATURE

L Welgin, Jr.

23B. ADDRESS

M. D.

University Hospital

23C. DATE SIGNED

*6/13/53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY REGISTRAR'S SIGNATURE

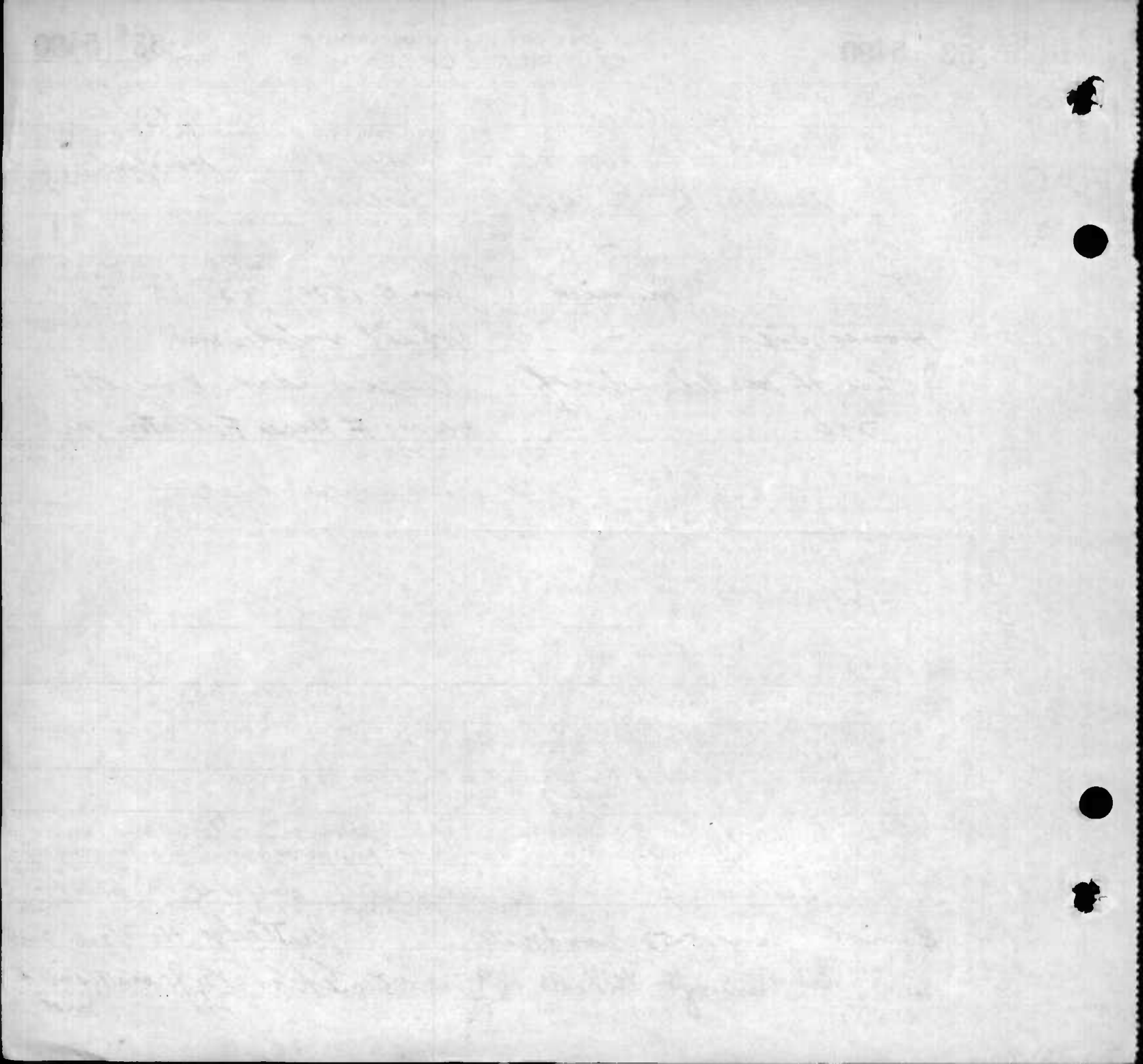
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*JUN 13 1953**Huntington Williams, M.D.**Brutledge Harford ind*
Maxine E Kurtz Janesville
ind.



R-322
53 5491BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5491

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Theresa Rydzewski

2. DATE
OF
DEATH

June 12/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 711 D. Milton Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1913, to June 12, 1913, that I last saw the
deceased alive on July 10, 1913, and that death occurred at 4:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

1930 Eastern Ave

1947 22

DEPARTMENT OF HEALTH
STATE OF NEW YORK
CERTIFICATE OF DEATH

100



K-216
53 5492BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5492

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Lidia Kaspar.,		2. DATE OF DEATH June 11, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland 2530 E. Madison St.		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-02			
c. Length of stay in Baltimore 46 yrs		D. STREET ADDRESS (If rural, give location) 2530 E. Madison Street			
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov 5, 1874	9. AGE (In years last birthday) 78	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Hungary	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Benedict Zarka		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) none		16. SOCIAL SECURITY NO. none		17. INFORMANT ADDRESS Adalbert Kaspar-2530 E. Madison Street	
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) Hypertensive Cardio-vascular Disease (B) Cerebral Hemorrhage (C)		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 11, 1953, to June 11, 1953, that I last saw the deceased alive on June 11, 1953, and that death occurred at 10:45 P.M. from the causes and on the date stated above.					
23A. SIGNATURE Louis Krause		23B. ADDRESS 1115 Chase St. Balto. Md.		23C. DATE SIGNED June 15, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 1		24B. DATE 6/15/53		24C. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery,	
24D. LOCATION (City, town, or county) (State) Horners Lane. Balto. Md.		25. FUNERAL DIRECTOR Schimunek Funeral Home		ADDRESS 2601-03-05 E. Madison Street	
DATE RECEIVED BY LOCAL REGISTRAR JUN 13 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		VS 150	

CERTIFICATE OF DEATH

1900

June 17, 1900

Name of Deceased		Age		Sex		Color		Marital Status		Occupation		Cause of Death		Place of Death		Time of Death		Signature of Physician		Signature of Registrar	
John Doe		45		Male		White		Single		Farmer		Heart Disease		Home		10:00 AM		J. Smith		A. Jones	
Date of Birth		Place of Birth		Date of Death		Time of Death		Place of Death		Cause of Death		Signature of Physician		Signature of Registrar		Date of Death		Time of Death		Place of Death	
Jan 1, 1855		New York		June 17, 1900		10:00 AM		Home		Heart Disease		J. Smith		A. Jones		June 17, 1900		10:00 AM		Home	
Name of Deceased		Age		Sex		Color		Marital Status		Occupation		Cause of Death		Place of Death		Time of Death		Signature of Physician		Signature of Registrar	
Jane Doe		35		Female		White		Single		Teacher		Heart Disease		Home		11:00 AM		J. Smith		A. Jones	
Date of Birth		Place of Birth		Date of Death		Time of Death		Place of Death		Cause of Death		Signature of Physician		Signature of Registrar		Date of Death		Time of Death		Place of Death	
Feb 1, 1865		New York		June 17, 1900		11:00 AM		Home		Heart Disease		J. Smith		A. Jones		June 17, 1900		11:00 AM		Home	

B-526
53 5493BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5493
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANITA ROSE BONSIERO

2. DATE
OF
DEATH

June 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1233 N. Luzerne Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)c. Length of stay in Baltimore life
Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1233 N. Luzerne Ave.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

March 25, 1915

9. AGE (In years
last birthday)

38

11 Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Francis Ferrara

14. MOTHER'S MAIDEN NAME

Rose Pusaderi

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Peter Bonsiero, husband, above

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of Breasts:

2 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1951

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Breasts

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1953, to June 11, 1953, that I last saw the
deceased alive on June 5, 1953, and that death occurred at 11⁴ m., from the causes and on the date stated above.

23A. SIGNATURE

Sol Smith

23B. ADDRESS

12235 North Ave

23C. DATE SIGNED

6/12/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 15, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Belair Rd., Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Schimmick Funeral Home, Inc.

ADDRESS

2601-3-5 E. Madison St.

1. Name of deceased

2. Date of death

3. Place of death

4. Cause of death

5. Manner of death

6. Signature of physician

7. Signature of registrar

8. Signature of informant

L-360
53 5494BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5494

1. NAME OF DECEASED (Type or Print) <i>Lauder, M. Hotta</i>			2. DATE OF DEATH <i>6-12-57</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Church Home & Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Essex 21</i>		
C. Length of stay in Baltimore <i>6 years</i>			D. STREET ADDRESS (If rural, give location) <i>700 Mace Street 5354</i>		
5/SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Aug. 6, 1879</i>	9. AGE (In years last birthday) <i>78</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>			11. BIRTHPLACE (State or foreign country) <i>Boston, Mass</i>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>Brackett, Samuel</i>			14. MOTHER'S MAIDEN NAME <i>None, Kate</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Wm. B. Lauder</i>			ADDRESS <i>700 Mace Ave Essex</i>		
18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral hemorrhage</i>			INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>6-15-1957</i>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6-2</i> , 1957 to <i>6-12</i> , 1957 that I last saw the deceased alive on <i>6-12</i> , 1957, and that death occurred at <i>8:30</i> a. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>			23B. ADDRESS <i>Church Home & Hospital</i>		23C. DATE SIGNED <i>6-12-57</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>6-15-1957</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Evergreen</i>	
24D. LOCATION (City, town, or county) (State) <i>Norchester Mass</i>		25. FUNERAL DIRECTOR <i>Howard Strong</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 13 1957</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			
ADDRESS <i>3707 W. North Ave.</i>					

10-10-10

RECEIVED BY THE
RECEIVED BY THE

10-10-10



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 5495/30

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5495

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Richard Ford (or Richard Collett)

2. DATE
OF DEATH June 9, 19533. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

13-04

D. STREET ADDRESS (If rural, give location)

2310 Avalon St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

July 29, 1942

9. AGE (In years last birthday)

10

10 Under 1 Year

Months Days

11 Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Student

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Collett

14. MOTHER'S MAIDEN NAME

Dorothy Ford

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Dorothy Ford 2310 Avalon St.
Baltimore, Md.

18. E 802X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Skull fracture
Fracture of cervical vertebrae

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Avulsion of lower abdominal wall
Multiple contusions and abrasions

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Railroad tracks

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Between Gwynns Falls & Walbrook Stations

21D. TIME (Month) (Day) (Year) (Hour)

June 9, 1953 5:00 P. m.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Struck by train

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William W. Wood

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

June 10, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 15, 1953

24C. NAME OF CEMETERY OR CREMATORY

Sunter cemetery

24D. LOCATION (City, town, or county)

Cumberland, Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 13 1953

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

Joseph L. Rues 2222 N. North Ave. Balt., Md.

ADDRESS

VS 151

N 804.2

Blank certificate form with horizontal lines for text entry.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53

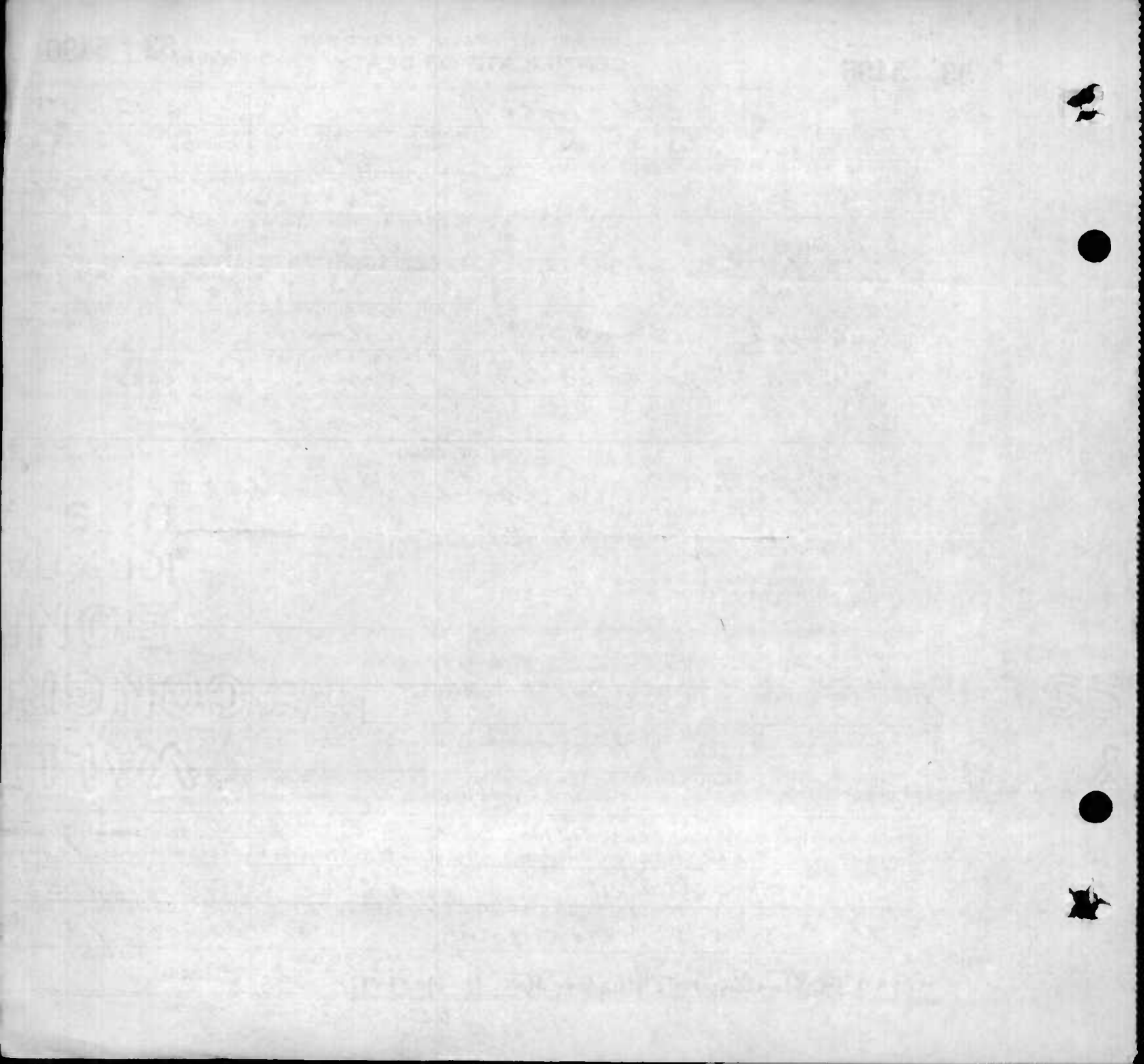
P-230

5496

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 5496

1. NAME OF DECEASED (Type or Print) <i>ROSE ELLA TICKETT</i>			2. DATE OF DEATH <i>6.12.53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>3712 5th St.</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>MD</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 25-04</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>3712 5th St.</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W.</i>	B. DATE OF BIRTH <i>4.21.13.</i>		9. AGE (In years last birthday) Months Days Hours Min. <i>40</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (State or foreign country) <i>Illinois</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>STEVEN BLANKENSHIP</i>			14. MOTHER'S MAIDEN NAME <i>NANCY CARTER</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>FAMILY SAME</i>		
1B. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			CAUSE OF DEATH (A) <i>Coronary Thrombosis</i> DUE TO <i>Coronary Insufficiency</i> (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1-15</i> , 1953, to <i>6-12</i> , 1953, that I last saw the deceased alive on <i>6-12</i> , 1953, and that death occurred at <i>3A</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Eugene Shu-Yei</i>		23B. ADDRESS <i>3904 B. Hanover St.</i>		23C. DATE SIGNED <i>6-13-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>B.</i>		24B. DATE <i>6-16-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Oakwood</i>	
24D. LOCATION (City, town, or county) (State) <i>MT. VERNON, Ill.</i>		25. FUNERAL DIRECTOR ADDRESS <i>130 E. FORT AVE.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 13 1953</i>		REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>130 E. FORT AVE.</i>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 5497

BIRTH NO. <u>W-425</u> <u>53 5497</u>		1. NAME OF DECEASED (Type or Print) <u>Harriett Wilson</u>		2. DATE OF DEATH <u>June 11/53</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>60 Kemsaw Nursing Home</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>			
c. Length of stay in Baltimore ? Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <u>2601 Roslyn Ave</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>June 26, 1899</u>	9. AGE (In years last birthday) <u>53</u>	If Under 1 Year: Months: _____ Days: _____ If Under 24 Hours: Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of adult life, even if retired) <u>housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
13. FATHER'S NAME <u>Levy McCarty</u>			14. MOTHER'S MAIDEN NAME <u>Idabelle Meyers</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>none</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT ADDRESS <u>Nursing Home Records</u>	
18. <u>172X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>I</u> <u>Carcinoma fundus uteri</u> <u>recurrent</u>		CAUSE OF DEATH (A) <u>Carcinoma fundus uteri</u> DUE TO <u>recurrent</u> (B) _____ DUE TO _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH <u>21 mos</u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____					
19A. DATE OF OPERATION <u>Oct. 5, 1951</u>		19B. MAJOR FINDINGS OF OPERATION <u>Carcinoma fundus uteri</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Sept. 19</u> , 19 <u>51</u> , to <u>June 11</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>June 10</u> , 19 <u>53</u> , and that death occurred at <u>5:15 pm.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Donald D. ...</u>		23B. ADDRESS <u>6 East Eager St</u>		23C. DATE SIGNED <u>June 11, 1953</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>6/14/53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Dunkards</u>	
24D. LOCATION (City, town, or county) <u>Hancock, Md.</u>		24E. STATE <u>Md.</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 13 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR ADDRESS <u>Howard H. Hubbard, 2503 Edmonds Ave.</u>	

55. 343

1916



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 5498****53 5498**BIRTH NO. **53-13025**1. NAME OF DECEASED
(Type or Print)**CHRISTINA COCHRAN**2. DATE
OF
DEATH**6-13-53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

MD**BALTO**

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Glen Arm**PO****Box 38**

D. STREET ADDRESS (If rural, give location)

Dulaney Valley Rd. 5300

c. Length of stay in Baltimore

**2 Yrs.
Mos.
Days**

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

6-12-53

9. AGE (In years last birthday)

10. Under 1 Year

Months Days Hours Min.

4

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Anthony COCHRAN

14. MOTHER'S MAIDEN NAME

Vivian Rosanne Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

John A COCHRAN Glen Arm Md18. **776x**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

Prematurity

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 12, 1953** to **June 13, 1953**, that I last saw the deceased alive on **June 13, 1953**, and that death occurred at **1 P** m., from the causes and on the date stated above.

23A. SIGNATURE

William A. Pillsbury

M.D.

23B. ADDRESS

Bon Secours Hosp

23C. DATE SIGNED

6-13-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial**June 15, 1953****St Johns****Hydco Park Md**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams**William F. Kierby****Janet Deville Md**

8040-62

8040-62

RECEIVED THE SECRETARY OF THE

DEPARTMENT OF HEALTH

OFFICE OF THE SECRETARY

WASHINGTON, D. C. 20492

DATE: 10/10/62

TO: DIRECTOR, CENTRAL INTELLIGENCE AGENCY

FROM: ASSISTANT SECRETARY FOR HEALTH

SUBJECT: HEALTH OF THE UNITED STATES

RE: 10/10/62

1. The following information was received from the

Director, Central Intelligence Agency, on 10/10/62:

2. The following information was received from the

Director, Central Intelligence Agency, on 10/10/62:

3. The following information was received from the

Director, Central Intelligence Agency, on 10/10/62:

4. The following information was received from the

Director, Central Intelligence Agency, on 10/10/62:

5. The following information was received from the

Director, Central Intelligence Agency, on 10/10/62:

6. The following information was received from the

Director, Central Intelligence Agency, on 10/10/62:

7. The following information was received from the

Director, Central Intelligence Agency, on 10/10/62:

8. The following information was received from the

Director, Central Intelligence Agency, on 10/10/62:

9. The following information was received from the

Director, Central Intelligence Agency, on 10/10/62:

10. The following information was received from the

Director, Central Intelligence Agency, on 10/10/62:

11. The following information was received from the

Director, Central Intelligence Agency, on 10/10/62:

12. The following information was received from the

Director, Central Intelligence Agency, on 10/10/62:

13. The following information was received from the

Director, Central Intelligence Agency, on 10/10/62:

14. The following information was received from the

Director, Central Intelligence Agency, on 10/10/62:

15. The following information was received from the

Director, Central Intelligence Agency, on 10/10/62:

16. The following information was received from the

Director, Central Intelligence Agency, on 10/10/62:

17. The following information was received from the

Director, Central Intelligence Agency, on 10/10/62:

18. The following information was received from the

Director, Central Intelligence Agency, on 10/10/62:

19. The following information was received from the

Director, Central Intelligence Agency, on 10/10/62:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-400
MAR-170100

53 5499

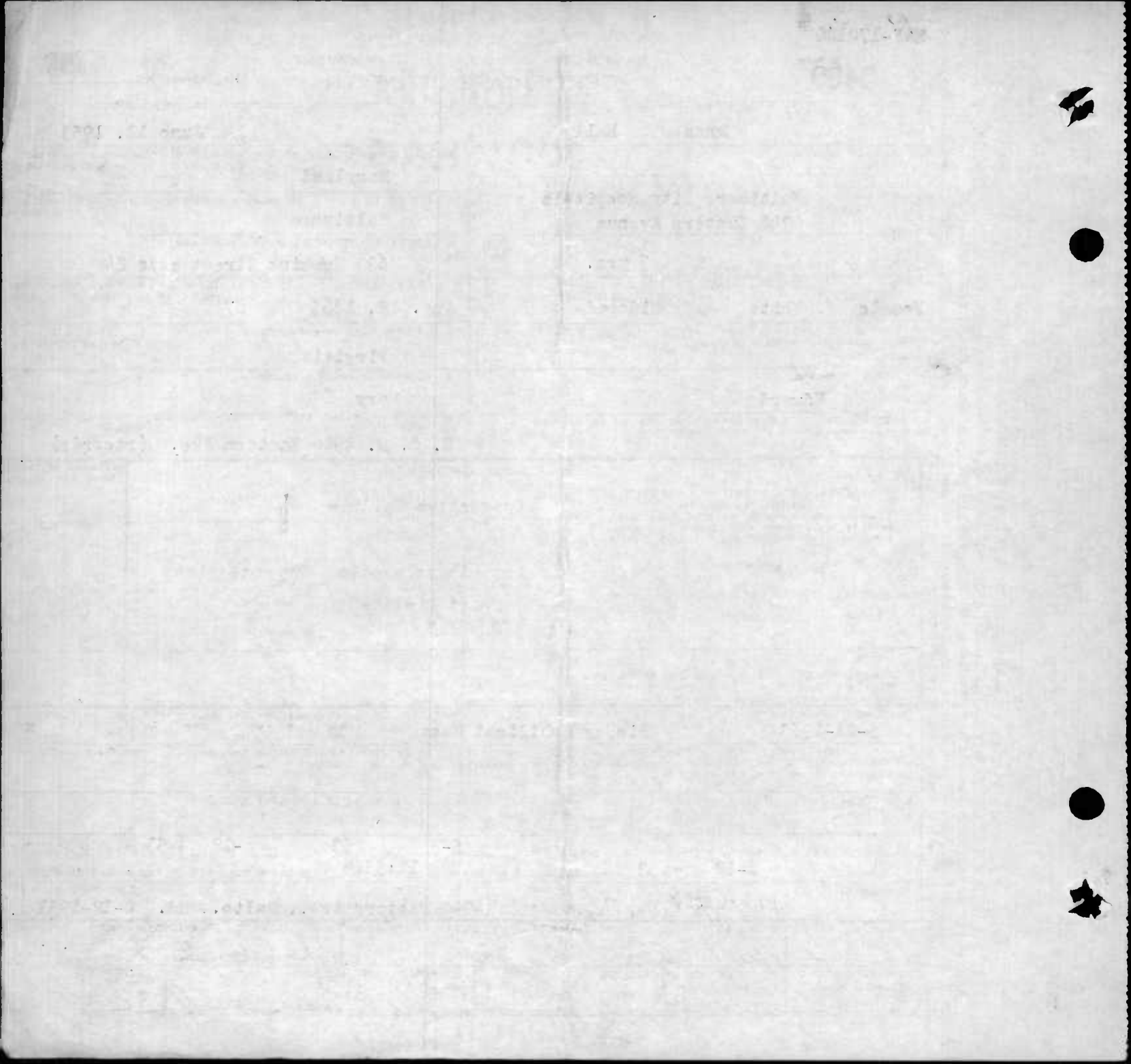
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 5499

1. NAME OF DECEASED (Type or Print) Anna Hall			2. DATE OF DEATH June 12, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 3 yrs.			D. STREET ADDRESS (If rural, give location) 639 Newkirk Street zone 24		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 12, 1865	9. AGE (In years, last birthday) 87	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Edward			14. MOTHER'S MAIDEN NAME Mary		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS B. C. H. 4940 Eastern Ave. (records)		
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Congestive Failure DUE TO Arteriosclerotic - Hypertensive DUE TO Heart Disease DUE TO Pneumonia			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 5-21-1953		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Biopsy Umbilical Mass		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-5 , 19 53 , to 6-12 , 19 53 , that I last saw the deceased alive on 6-12 , 19 53 , and that death occurred at 12:55 PM , from the causes and on the date stated above.					
23A. SIGNATURE <i>H. J. Delaney</i>		23B. ADDRESS 4940 Eastern Ave., Balto., Md.		23C. DATE SIGNED 6-12-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-15-53		24C. NAME OF CEMETERY OR CREMATORY Methodist	
24D. LOCATION (City, town, or county) (State) Shinadeck Va.		24E. FUNERAL DIRECTOR <i>Huntington Williams, Jr.</i>		24F. ADDRESS <i>403 S. 2 St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR JUN 14 1953		REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>			

VS 150



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 5500

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 5500
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna A. Hahn

2. DATE
OF
DEATH

June 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med. Dept. 1

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Pa.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Beaver Falls

D. STREET ADDRESS (If rural, give location)

R.F.D. 3

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OF RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

8-1-96

9. AGE (In years
last birthday)

56

10. Under 1 Year
Months11. Under 24 Hours
Hours10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Penn

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Calhoun

14. MOTHER'S MAIDEN NAME

Nancy Adams

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

18. 434.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Congestive Heart Failure

3 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Luteal phase Syndrome

unknown

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-4-1953 to 6-13-53, that I last saw the
deceased alive on 6-13-1953 and that death occurred at 10:55 PM, from the causes and on the date stated above.

23A. SIGNATURE

John H. Riggins, M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

6/13/53

24A. BURIAL CREMA-
TION, REMOVAL (Specify)

24B. DATE

6/13/53

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Beaver Falls, Penna

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

JUN 14 1953

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Zickner + Son

North + Penna
Balt.

